Application for Derogation

|  |  |
| --- | --- |
| **APPLICANT NAME** |  |
| **APPLICANT EMAIL** |  |
| **ORGANISATION** |  |
| **REC PARTY CATEGORY/ROLE** | Choose an item. |
| **DATE OF APPLICATION** |  |

|  |
| --- |
| **SUMMARY OF PROPOSED DEROGATION AND RATIONALE FOR REQUIRING THIS** |
| *Please provide information including but not limited to:*   * *Detail of the Derogation;* * *Purpose; and* * *Background including any internal or external factors.* |
| **IMPACTED REC OBLIGATIONS** |
| *Please list the specific REC Schedule(s) or product(s) impacted by the proposed Derogation.* |

|  |
| --- |
| **IMPACTED REC PARTIES, SERVICE PROVIDERS OR REC PROCESSES** |
| *Please list the REC stakeholders and/or processes which will be impacted by the proposed Derogation, including whether any engagement has taken place to consult on this.* |

|  |
| --- |
| **REQUESTED LENGTH OF DEROGRATION PERIOD (TWO YEAR MAXIMUM) INCLUDING ACTIONS/ACTIVITIES PLANNED** |
| *Please provide rationale for requested timescales, including key activities and milestones planned as part of the Derogation.* |

|  |
| --- |
| **ANY OTHER INFORMATION OR DOCUMENTATION TO SUPPORT APPLICATION** |
| *Please provide any supporting information to explain the detail, rationale and/or context of the proposed Derogation, either here or listing the attached appendices.* |

|  |
| --- |
| **PROPOSED MEASURES OF DEROGATION** |
| *Please explain how you propose to assess the Derogation, including the measurements you will report against to the PAB and how frequently.* |