



SMART GRID TEST BED INITIAL APPLICATION FORM

Date: _____

Section 1. Customer Contact Information:

Company Name: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime) _____ Cellular: _____

Facsimile Number: _____ E-Mail Address: _____

Section 2. Product (A general description of the type of Smart Grid program, technology, business model, or other innovative Smart Grid-related technology or service to be demonstrated in the Test Bed):

Section 3. Services (A general description of the testing required by Ameren):

Section 4. Schedule (Anticipated timeline that will be necessary to test Customer's Product):

Section 5. Fee (AN APPLICATION FEE OF \$50 MUST BE SUBMITTED ONLINE using the PAY NOW button)

Email this form to: TAC@ameren.com

Customer Signature

I hereby certify that to the best of my knowledge, all of the information provided in this Smart Grid Test Bed Initial Application Form is complete and true.

Customer Signature: _____

Title: _____ Date: _____