**ERCOT Nodal Protocols**

**Section 23**

**Form C: Managed Capacity Declaration**

**August 1, 2023**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANAGED CAPACITY DECLARATION**

Pursuant to subsection (d) of P.U.C. Subst. R. 25.502, Pricing Safeguards in Markets Operated by the Electric Reliability Council of Texas, and Section 3.6.2, Decision Making Entity for a Resource, each Resource Entity shall inform ERCOT of the Decision Making Entity (DME) that controls each Resource that it owns, except for Load Resources that are not Security Constrained Economic Dispatch (SCED) qualified, by completing this Declaration.

If the legal entity that owns a Resource is not registered as a Resource Entity, then the Resource Entity that registered the Resource with ERCOT shall complete this Declaration for the Resource and submit it to ERCOT with a signed acknowledgement from the Resource owner authorizing the Resource Entity to complete this Declaration as the owner’s agent and explaining the arrangement or agreement in place.

ERCOT may request additional verification on a case-by-case basis from the relevant Resource Entity in order to verify the DME that controls a Resource. For purposes of this Declaration, “control” is defined as the ultimate decision-making authority over how a Resource is dispatched and priced, either by virtue of ownership or agreement, and a substantial financial stake in the Resource’s profitable operation. All Resources under common control are required to declare the same DME.

For a Split Generation Resource, each Resource Entity that owns a portion of the Split Generation Resource shall separately submit this Declaration to identify the DME that controls the associated portion of the Split Generation Resource.

A Resource Entity shall notify ERCOT of any known changes in its Resource’s DME no later than 14 calendar days prior to the date that the change takes effect, or as soon as possible in a situation where the Resource Entity cannot meet the 14 calendar day notice requirement. However, in no event may the Resource Entity inform ERCOT later than 72 hours before the date on which the change in DME takes effect. In addition, this Managed Capacity Declaration form must be submitted and accepted by ERCOT before these changes are applied to the associated Resource(s).

The signed Declaration form may be submitted electronically through the Market Information System (MIS) as a Service Request, using the Type: MP Registration and Sub-Type: Resource/Asset Registration. Submission through the MIS link requires a valid Authorized Representative’s Digital Certificate. An alternative to MIS is to submit the signed Declaration form in pdf format to both ercotregistration@ercot.com and MPRegistration@ercot.com.

If questions arise related to the completion of this form, please contact your designated ERCOT Account Manager or email ERCOT Client Services at ClientServices@ercot.com with the subject ”Decision Making Entity Form”.

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| **Declaration of Decision Making Entity (DME)** |  |
| **Resource Entity** |       |
| **DUNS Number** |       |
|   |
| **Resource Site Name** | **Resource Unit Code, as Registered with ERCOT [used when the Resource was registered, such as in RIOO]** | **DME[If DME is currently listed in the** [**Resource Control Report**](http://mis.ercot.com/misapp/GetReports.do?reportTypeId=10036&reportTitle=Daily%20Resource%20Control%20Report&showHTMLView=&mimicKey)**, use name as listed. Do not leave blank.]** | **DME DUNS Number [If new DME, consult** [**Dun & Bradstreet**](https://www.dnb.com/duns/duns-lookup.html)**. Do not leave blank.]** | **Preferred****Effective Date** |
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| To view the current registered DME list, open the most recent csv from the[Resource\_Control\_Report](http://mis.ercot.com/misapp/GetReports.do?reportTypeId=10036&reportTitle=Daily%20Resource%20Control%20Report&showHTMLView=&mimicKey). |  |

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| **General Comments**

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Authorized Representative indicated and signed below attests that all statements made and information provided in this Declaration are true, correct and complete. |
| Signature: |  |  |
| (Authorized Representative signature) |
|  |  |  |  |  |  |
| Printed Name:  |       |  |
| (Authorized Representative) |
|  |  |  |  |  |  |
| Date:  |       |  |   |   |