**Digital Certificate and User Security Administrator (USA) Opt-Out Request Form**

A Market Participant (MP) that is registered with ERCOT as either a Municipally Owned Utility (MOU) or an Electric Cooperative (EC), and is also registered with ERCOT as a Distribution Service Provider (DSP) and/or Load Serving Entity (LSE) may be eligible to opt out of receiving Digital Certificates and designating a USA if the eligible Market Participant demonstrates to ERCOT’s satisfaction that it does not need a Digital Certificate. To request that ERCOT evaluate the eligibility of an MP’s request to opt out of receiving Digital Certificates and designating a USA, the Authorized Representative, or an officer/executive of the MP must complete this form and return it to ERCOT via email at MPRegistration@ercot.com (.pdf version), or regular mail to ERCOT, Market Participant Registration, 7620 Metro Center Drive, Austin, Texas 78744.

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| **Legal Name of the MP:** |       |
| **MP Type/s:** | [ ]  **MOU** [ ]  **EC**[ ]  **DSP** **[ ]  LSE** |
| **DUNS Number/s:** |       |

MP hereby requests that ERCOT evaluate MP’s eligibility to opt out of the requirement that MP designate a USA and receive Digital Certificates, and affirms the following:

1. MP is registered with ERCOT as either a MOU or an EC, and as a DSP and/or LSE.
2. MP is not, and will not, be designated as a Transmission Operator (TO) with ERCOT.
3. MP understands that by opting out, it will not be granted access to portions of the ERCOT Market Information System (MIS) that require Digital Certificate Access. Moreover, if MP has active Digital Certificates and a designated USA, MP understands that upon ERCOT approval of this opt-out request, ERCOT will immediately revoke MP’s Digital Certificates, and MP will no longer have access to sections of the ERCOT MIS that require Digital Certificate access.
4. MP understands that it can cancel any approved opt-out request, designate a USA, and begin receive Digital Certificates by properly completing Protocol Section 23, From E, Notice of Change of Information, and meeting the requirements under Protocol Section 16.12.

I affirm that I have personal knowledge of the facts stated herein, and have the authority to submit this request form on behalf of the Market Participant listed above.

**Officer/Executive/Authorized Representative:**

**Name and Title:**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**