**NOIE Authorization Form**

**for QSEs Representing ERS or Load Resources**

This form must be completed by a Non-Opt In Entity (NOIE) in order to authorize participation of a non-NOIE Qualified Scheduling Entity (QSE) representing one or more Emergency Response Service (ERS) Resources or Load Resources in the NOIE’s service area pursuant to Sections 16.2.3 and 16.5.2 of the ERCOT Protocols. The completed form should be signed by an officer or other authorized signatory for the NOIE and submitted by the non-NOIE QSE via email to ERCOT at **MPRegistration@ercot.com**. The NOIE’s representative should be copied on the submission email. The representations made on this form will be considered effective until revoked by the NOIE in writing, provided that:

* any revocation that withdraws a QSE’s authorization to represent Load Resources in the NOIE’s service area will be effective following written confirmation of the revocation from ERCOT and no sooner than 14 days from the date ERCOT receives that update; and
* any revocation that withdraws a QSE’s authorization to represent ERS Resources in the NOIE’s service area will be effective following written confirmation of the revocation from ERCOT and no sooner than the end of the ERS Standard Contract Term in effect on the designated Effective Date, or the end of the next ERS Standard Contract Term, if ERCOT has already published awards for the subsequent Standard Contract Term.

**PART I: AUTHORIZATION OF PARTICIPATION OF NON-NOIE QSES REPRESENTING ERS RESOURCES**

[ ]  The following non-NOIE QSE is authorized to represent any ERS Resources in the service area of the below-named NOIE for any SCT until revoked:

|  |  |  |  |
| --- | --- | --- | --- |
| QSE Name: |       | DUNS No.: |       |

*Any limitation on non-NOIE QSE authority to represent only certain ERS Resources (or sites) should be described in the table at the end of this form.*

**PART II: AUTHORIZATION OF PARTICIPATION OF NON-NOIE QSES REPRESENTING LOAD RESOURCES**

[ ]  The following non-NOIE QSE is authorized to represent Load Resources in the service area of the below-named NOIE:

|  |  |  |  |
| --- | --- | --- | --- |
| QSE Name: |       | DUNS No.: |       |

*Any limitation on non-NOIE QSE authority to represent only certain ERS Resources (or sites) should be described in the table at the end of this form.*

**PART III: SIGNATURE OF NOIE OFFICER OR OTHER AUTHORIZED SIGNATORY**

Name of NOIE:

DUNS Number of NOIE:

Signature of Authorized NOIE Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized NOIE Signatory:

Title of Authorized NOIE Signatory:

Date of Signature:

Representation Authority limited to the resources listed below.

“Limited Authorization” limits representation authority to one SCT for listed ERS resources. “Until Revoked” grants representation authority to Load Resources and ERS Resources with no end date for the listed resources. “Revoked” removes representation authority for the listed resources.

[ ]  Limited Authorization: Click here to enter SCT for ERS. [ ]  Until Revoked [ ]  Revoked

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| QSE Name | ESIID | UMI | RID | Site Name | Address | City | Zip |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

\*if number of resources exceed rows on table submit additional form.