**ERCOT Nodal Protocols**

**Section 23**

**Form B: Load Serving Entity (LSE) Application for Registration**

**March 13, 2020**

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

**LOAD SERVING ENTITY (LSE)**

**APPLICATION FOR REGISTRATION**

This application is for approval as a Load Serving Entity (LSE) by the Electric Reliability Council of Texas Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to MPRegistration@ercot.com (.pdf version), via facsimile to (512) 225-7079, or via mail to Market Participant Registration, 7620 Metro Center Drive, Austin, Texas 78744. In addition to the application, ERCOT must receive an application fee in the amount of $500 via check or wire transfer, if the applicant is a Retail Electric Provider (REP) and/or Competitive Retailer (CR), per Section 9.16.2, User Fees. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application and all subsequent documents provided to ERCOT must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |       |
| **Legal Address of the Applicant:** | Street Address:       |
|  | City, State, Zip:       |
| **DUNS¹ Number:** |       |

¹Defined in Section 2.1, Definitions.

**1. Authorized Representative (“AR”)**.Defined in Section 2.1, Definitions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**2. Backup AR**.*(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**3. Type of Legal Structure**. (Please indicate only one.)

[ ]  Individual [ ]  Partnership [ ]  Municipally Owned Utility

[ ]  Electric Cooperative [ ]  Limited Liability Company [ ]  Corporation

[ ]  Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:

**4. User Security Administrator (USA)**.As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**4a.** [ ]  By checking this box, Applicant hereby requests that ERCOT evaluate Applicant’s eligibility to opt out of the requirement that Market Participant designate a USA and receive Digital Certificates, and affirms the following:

(a) Applicant is applying to register with ERCOT as either a Municipally Owned Utility (MOU) or an Electric Cooperative (EC), and as a Distribution Service Provider (DSP) and/or Load Serving Entity (LSE).

(b) Applicant is not, and will not, be designated as a Transmission Operator with ERCOT.

(c) Applicant 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.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and begin receiving Digital Certificates by properly completing Section 23, Form E, Notice of Change of Information, and meeting the requirements under Section 16.12, User Security Administrator and Digital Certificates.

(e) If determined ineligible, Applicant must designate a USA, receive Digital Certificates and comply with requirements under Section 16.12.

**5. Backup USA**. *(Optional)* This person may perform the functions of the USA in the event the Primary USA is unavailable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**6. Cybersecurity**. This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**7. Transition/Acquisition (“TA”).** Requirement for Competitive Retailers (CRs). Responsible for coordinating Mass TA events between ERCOT, Transmission and/or Distribution Service Providers (TDSPs) and CRs. The CR may be a Provider of Last Resort (POLR), designated CR, gaining CR or losing CR. Includes TA Business (“TAB”), TA Regulatory (“TAR”) and TA Technical (“TAT”).

**TAB:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**TAR:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**TAT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**8. Type of Applicant.** Please indicate how the Applicant intends to operate in the market pursuant to the ERCOT Protocols. Please check all that apply.

[ ]  **CR** – MOU or an EC that offers Customer Choice and sells electric energy at retail in the restructured electric power market in Texas; or a Retail Electric Provider (REP) as defined in P.U.C. Subst. R. 25.5, Definitions. (If CR, check one of the following):

[ ]  **Opt-In MOU or EC** – A MOU or an EC that offers Customer Choice.

[ ]  **REP** – A person that sells electric energy to retail Customers in this state. As provided in the Public Utility Regulatory Act, Tex. Util. Code Ann. § 31.002(17) (Vernon 1998 & Supp. 2007) (PURA), a REP may not own or operate generation assets. As provided in PURA § 39.353(b), a REP is not an Aggregator.

[ ]  **Non-Opt-In Entity (NOIE)** – An EC or MOU that does not offer Customer Choice and does not plan to operate as a CR.

[ ]  **External LSE (ELSE)** – A distribution service provider (as that term is defined in P.U.C. Subst. R. 25.5), which includes an electric utility, a MOU, or an EC that has a legal duty to serve one or more Customers connected to the ERCOT System but that does not own or operate Facilities connecting Customers to the ERCOT System.

**9. Default method for receiving transaction information from Transaction Clearinghouse.**

**Select one**: [ ]  EDI, [ ]  XML, or [ ]  Portal

**PART II – SCHEDULING INFORMATION**

**1. Designation of a Qualified Scheduling Entity (QSE).** Provide all information requested in Attachment A and have the document executed by both parties.

**PART III – REP INFORMATION**

(Part III applies to REPs only.)

**1. Other Trade or Commercial Names on PUCT Certificate**. (Limit: 4)

|  |  |
| --- | --- |
| Other Trade/Commercial Name: | DUNS Number: |
|       |       |
|       |       |
|       |       |
|       |       |

**2. Texas Office**. Supply the Texas office location information indicated below prior to providing retail electric service in Texas:

|  |  |
| --- | --- |
| Name in use at Texas office: |       |
| Street Address of Texas office: |       |
| City, State, Zip: |       |
| Telephone: |       |
| Fax: |       |
| Email: |       |

**3. Service Area**. Please designate service area by selecting one of the options below.

[ ]  **Option 1** – For LSEs defining service area by geography. Check only one of the following boxes and complete supplemental information, if any, to designate desired geographical service area:

[ ]  The geographic area of the entire state of Texas.

[ ]  A specific geographic area (including the zip codes applicable to that area), as follows (list them):      .

[ ]  The service area of specific transmission and distribution utilities and/or Municipally Owned Utilities (MOUs) or Electric Cooperatives (ECs) in which competition is offered, as follows (list them):      .

[ ]  The geographic area of ERCOT or other independent organization to the extent it is within Texas, as follows (name it):

[ ]  **Option 2** – For LSEs defining service area by customers. Provide an attached list of each individual retail customer, by name, with who it has contracted to provide one megawatt (1 MW) or more of capacity, pursuant to subsection (d)(2)(A) of P.U.C. Subst. R. 25.107, Certification of Retail Electric Providers (REPs).

[ ]  **Option 3** – For LSEs that sell electricity exclusively to a retail customer other than a small commercial consumer and residential customer from a Distributed Generation (DG) facility located on a site controlled by that customer.

**4. PUCT Certification.**

|  |  |
| --- | --- |
| Date Certificate granted:       | Certificate Number:       |

**PART IV – ADDITIONAL REQUIRED INFORMATION**

**1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State or otherwise designated as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation (DCAA), etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and Other Registrations**. Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**(or name used for other ERCOT registration) | **Type of Legal Structure**(partnership, limited liability company, corporation, etc.) | **Relationship**(parent, subsidiary, partner, affiliate, etc.) |
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**PART V – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**Attachment A – QSE Acknowledgment**

**Acknowledgment by Designated QSE for**

**Scheduling and Settlement Responsibilities with ERCOT**

The Applicant below has named the QSE listed below as its designated QSE to represent the Applicant for scheduling and Settlement transactions with ERCOT.

The Applicant’s designated QSE, listed below, hereby acknowledges that it does represent the Applicant and that it shall be responsible for the Applicant’s scheduling and Settlement transactions with ERCOT pursuant to the ERCOT Protocols.

The requested effective date for such representation is:      [[1]](#footnote-1)\*\*

or

Establish partnership at the earliest possible date [ ]

Acknowledgment by **QSE**:

|  |  |
| --- | --- |
| Signature of AR for QSE: |  |
| Printed Name of AR: |       |
| Email Address of AR: |       |
| Date: |       |
| Name of Designated QSE: |       |
| DUNS of Designated QSE: |       |

Acknowledgment by **Applicant**:

|  |  |
| --- | --- |
| Signature of AR for MP: |  |
| Printed Name of AR: |       |
| Email Address of AR:  |       |
| Date: |       |
| Name of MP: |       |
| DUNS No. of MP: |       |

1. \*\* *Actual effective date will depend on time needed to implement the relationship in ERCOT systems once ERCOT has received all necessary information (a minimum of three Business Days), and may be later than the requested effective date. ERCOT will notify the parties of the actual effective date*. [↑](#footnote-ref-1)