Transmission Operator Designation or Termination

Section I of this form may be used by a Distribution Service Provider (DSP) to designate a Transmission Operator (TO), including replacement of an existing designated TO with a new designated TO. Section II of this form may be used by a designated TO or DSP to terminate the TO designation.

Important information about effective dates:

* The effective date for TO designation or termination will be at least 30 days after submission of a properly completed form to ERCOT in accordance with Nodal Protocols Section 16.19.
* When a DSP submits Section I of this form, the effective date specified by the DSP will be the effective date for termination of the current TO and the effective date for designation of the replacement TO, subject to the 30-day requirement discussed above.
* When a designated TO submits Section II of this form, the effective date specified by the TO will be the effective date for termination of the current TO, subject to the 30-day requirement discussed above. To facilitate designation of a replacement TO by the affected DSP, the TO shall provide simultaneous notice of the termination to the DSP. The DSP must then submit a complete Section I of this form identifying the replacement TO promptly following the DSP’s receipt of the notice of termination.

If you have any questions about this form (including questions about effective dates), please contact ERCOT at [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com).

**Section I – Designation of TO**

The DSP named below hereby designates the TO named below as its designated TO in accordance with Nodal Protocols Section 16.19. The effective date of the designation shall be provided in the blank below and shall be consistent with the requirements on page 1 of this form. This designation supersedes any previous designations on the effective date.

A designated TO must be registered with ERCOT as a TSP or DSP. The entities submitting this form acknowledge that the designated TO meets the requirements and will fulfill the responsibilities for Transmission Operators and will be responsible for the operation of the DSP’s Facilities necessary to fulfill those responsibilities and for the operation of the DSP’s interconnections within the ERCOT System.

The DSP and the designated TO must each fill out the appropriate acknowledgement section below. ERCOT will not consider the form to be complete if only one entity fills out the acknowledgement unless the DSP is designating itself as the designated TO.

Please fill out this form electronically, print, execute and submit via email to MPRegistration@ercot.com,.

Effective date of designation (see requirements on page 1):

Acknowledgment by the **Designating DSP**:

|  |  |
| --- | --- |
| Signature of Authorized Representative (AR), Backup AR, or Officer for DSP: |  |
| Printed Name of AR, Backup AR, or Officer: |  |
| Email Address of AR, Backup AR, or Officer: |  |
| Date: |  |
| Name of DSP: |  |
| DUNS No. of DSP: |  |
| Designating Self as TO (Yes/No): |  |

Acknowledgment by **Designated TO**:

|  |  |
| --- | --- |
| Signature of AR, Backup AR, or Officer for Designated TO: |  |
| Printed Name of AR, Backup AR, or Officer: |  |
| Email Address of AR, Backup AR, or Officer: |  |
| Date: |  |
| Name of Designated TO: |  |
| DUNS No. of Designated TO: |  |

**Section II – Termination of TO Designation**

The TO or DSP named below hereby gives notice of termination of the TO designation for the DSP named below. The termination will be effective 30 days from the execution date provided in the blank below and shall be consistent with the requirements on page 1 of this form.

Please fill out this form electronically, print, execute and submit via email to MPRegistration@ercot.com.

Effective date of termination (see requirements on page 1):

|  |  |
| --- | --- |
| Name of Market Participant (the TO or DSP submitting this notice) and signature of its Authorized Representative (AR), Backup AR, or Officer: |  |
| Printed Name of AR, Backup AR, or Officer: |  |
| Email Address of AR, Backup AR, or Officer: |  |
| Date: |  |
| Name of terminated TO: |  |
| DUNS of terminated TO: |  |
| Name of DSP: |  |
| DUNS No. of DSP: |  |