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| **Texas SET Change Control Request Form**  **Change Control Number: 2021 -836**  **Implementation Version: Future** |

**This Section Is Completed by Submitter of Change Control Request Only:**

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| **Submitter Name:**  Kathryn Thurman | **Submitting Company Name:**  ERCOT | **Phone Number:**  512-248-6747 |
| **Date of Submission:**  09/14/2021 | **Affected TX SET Transaction(s):**  814\_01, 814\_03, 814\_04, 814\_05, 814\_08, 814\_12, 814\_14, 814\_16, 814\_18, 814\_20, 814\_22, 814\_24, 814\_26, 814\_28, 814\_PC, 650\_01 | **Submitter’s E-Mail Address:**  Kathryn.Thurman@ercot.com |
| **Texas SET Issue cross-reference number:** | Protocol Impact (Y/N):  N |
| **Detailed Description and Reason for Proposed Change(s):**  There have been instances where a customer name was submitted containing nothing but a comma in the EDI transaction. Because the Texas SET Guide describes the name field as being free-form Alpha numeric and between 1 and 60 characters, a value of a comma was accepted and passed to downstream market participants.  This change control adds clarification to all name fields that the use of a comma is only valid when associated with a Customer name.  After implementation of this change control, name fields populated with only a comma will be considered invalid and will be rejected by ERCOT and the TDSP.  Updated Change Control 2020-827 to add comma language to the new Power Outage Contact PER~PO | | |
| **NOTE:** Requester must complete above fields and include a redlined example of modifications to each impacted implementation guide. This must be included at the time the request form is submitted.  **Please submit this completed form via e-mail to**[txsetchangecontrol@ercot.com](mailto:txsetchangecontrol@ercot.com) and RMS Chair***.*** | | |

**For ERCOT Change Control Manager Use Only:**

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| **Texas SET Recommendation:** | **Recommendation for Emergency (Y/N):** | **Date of TX SET Recommendation:** |
| **Detailed Description and Reason for Revision:** | | |
| **RMS Decision:** | **Emergency (Y/N):** | **Date of RMS Decision:** |
| **Summary of RMS Discussion:** | | |

