### ONE-TIME NOTICE OF REPORT OF PRINCIPALS

Pursuant to NPRR1073, Market Entry/Participation by Principals of Counter-Parties with Financial Obligations, which is expected to become effective on January 1, 2022, a Qualified Scheduling Entity (QSE) must promptly respond to any reasonable request by ERCOT for an updated list of the QSE’s Principals. ERCOT Protocol Section 16.2.3.2(1)(b). The same requirement applies to a Congestion Revenue Right Account Holder (CRRAH). ERCOT Protocol Section 16.8.3.1(1)(b). NPRR1073 defines a “Principal of a Market Participant” for purposes of registration or qualification of a Market Participant, including a QSE or CRRAH. ERCOT Protocol Section 16.1.2(1).

To help ensure compliance by the effective date of NPRR1073, please fill out this form electronically (attaching additional pages as necessary and submit all changes and/or additional information via email to MPRegistration@ercot.com by **December 15, 2021**.

Except as otherwise required by the ERCOT Protocols, ERCOT will send a written notification of any deficiencies or any additional documentation required within thirty (30) calendar days of receipt. The notice of receipt will be sent to the email address of the Authorized Representative (AR) on file with ERCOT or the address specified in the Notice of Report of Principals received by ERCOT. This report of Principals shall be reviewed by ERCOT for compliance with the ERCOT Protocols, including the requirement under NPRR1073 that a QSE or CRRAH must be able to demonstrate to ERCOT’s reasonable satisfaction that none of its Principals were or are Principals of any entity with an outstanding payment obligation that remains owing to ERCOT under any Agreement or the ERCOT Protocols. See ERCOT Protocol Section 16.2.1(3) for a QSE and Section 16.8.1(2) for a CRRAH.

|  |  |
| --- | --- |
| **\*Counter-Party:** |       |
| **\*9-Digit Root DUNS Number:** |       |

In the table below, please identify all current Principals at the time of submission of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Full (First, Middle, and Last) Name of Principal****(include any name changes/former names)** | **\*Position of Principal** | **\*Date Principal Became a Principal** | **\*Date Principal Was No Longer a Principal** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

In the table below, please provide the requested information for any current Principal who is, or ever was, a Principal of any other entity that is now, or ever was, registered with ERCOT as a Market Participant.

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Full (First, Middle, and Last) Name of Principal** **(include any name changes/former names)** | **\*Other ERCOT Market Participant (MP) and Position of Principal** | **\*Date Principal Became a Principal for the Other ERCOT MP** | **\*Date Principal Was No Longer a Principal for the Other ERCOT MP** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**I affirm that I have personal knowledge of the facts stated in this Notice of Report of Principals form and have authority to submit it on behalf of the Counter-Party identified above.**

|  |  |
| --- | --- |
| \*AR, Backup AR, or Officer: |       |
| \*Signature: |  |
| \*Email: |       |
| \*Phone Number: |       |