**ERCOT Nodal Protocols**

**Section 23**

**Form E: Notice of Change of Information**

**January 1, 2020**

**NOTICE OF CHANGE OF INFORMATION**

A Market Participant must update, amend and/or correct the registration information previously submitted to ERCOT using this Notice of Change of Information (NCI). The Market Participant must notify ERCOT of any change to the information or additional information on any application or form that it has previously submitted to ERCOT according to the notification timeframe in the ERCOT Protocols or, if the Protocols do not contain a timeframe for the subject matters, at least 30 days before the change will take effect. Please fill out this form electronically, print and execute. Submit all changes and/or additional information by one of the following methods: 1) Market Information System (MIS); 2) email to MPRegistration@ercot.com; 3) facsimile to (512) 225-7079; or 4) regular mail to Market Participant Registration, 7620 Metro Center Drive, Austin, Texas 78744.

Except as otherwise required by the ERCOT Protocols, ERCOT will send a written acknowledgement of receipt of the changes within five Business Days of receipt and will notify Market Participant of any deficiencies or any additional documentation required within 10 days of receipt. The notice of receipt will be sent to the email address of the Authorized Representative on file with ERCOT or the address specified in the NCI received by ERCOT.

The following contacts/information can be changed via the submittal of this NCI:

* **Authorized Representative (“AR”)** – Responsible for updating all registration information, and will be the contact person between the Market Participant and ERCOT for all business matters requiring authorization by ERCOT. *(All Market Participant Types)*
* **Backup AR** – May perform the functions of the AR in the event the AR is unavailable. *(All Market Participant Types)*
* **User Security Administrator (USA)** – Responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates. *(All Market Participant Types)*
* **Backup USA** – May perform the functions of the USA in the event the USA is unavailable. *(All Market Participant Types)*
* **24x7 Control or Operations Center (24x7)** – Responsible for operational communications. Shall have sufficient authority to commit and bind the entity. The Market Participant must provide a 24x7 phone number for the operations desk in a manner that reasonably assures continuous communication with ERCOT and is not affected by PBX features such as automatic transfer or roll to voice mail. *(QSEs, sub-QSEs, TSPs)*
* **Compliance** – Responsible for compliance related issues. *(QSEs, Sub-QSEs, Resource Entities, TSPs, DSPs)*
* **Resource Outage Submittal (“ROSC”)** – Responsible for coordinating and submitting Resource Outages to ERCOT. *(REs)*
* **Accounts Payable (“AP”)** – Responsible for settlements and billing. *(CRRAHs, QSEs, Sub-QSEs)*
* **Backup AP** – May perform the functions of the AP in the event the AP is unavailable. *(CRRAHs, QSEs, Sub-QSEs)*
* **Credit** – Responsible for all credit-related matters. *(Counter-Parties)*
* **Backup Credit** – May perform the functions of the Credit in the event the Credit is unavailable. *(CPs)*
* **Transition/Acquisition (“TA”)** – Requirement for Competitive Retailers (CRs) and Transmission and/or Distribution Service Providers (TDSPs). Responsible for coordinating Mass TA events between ERCOT, 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”). List one contact per TA. *(LSEs, TSPs, DSPs)*
* **Banking Information** *(CRRAHs, QSEs, Sub-QSEs)*
* **Legal Address Change** *(All Market Participant Types)*

|  |  |
| --- | --- |
| \*Market Participant Account Name(s): |       |
| \*DUNS Number(s): |       |
| \*Market Participant Type(s): | [ ]  CP [ ]  CRRAH [ ]  IMRE [ ]  LSE [ ]  QSE/Sub-QSE[ ]  RE [ ]  TSP and/or DSP |

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

Comments (if necessary):

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

**1. Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7

[ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB

[ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:

**2. Banking Information Change**

|  |  |
| --- | --- |
| Bank Name: |       |
| Account Name: |       |
| Account Number: |       |
| ABA Number: |       |

**3. Legal Address Change**

|  |
| --- |
| Address:       |
| City, State, Zip:       |

**4. Cancelation of User Security Administrator (USA) and Digital Certificate Opt-Out**

[ ]  By checking this box, Market Participant elects to: (i) cancel its USA and Digital Certificate Opt-Out; (ii) designate a USA and optionally a Backup USA, listed in Section 1, Contact type(s), of this NCI form; and (iii) receive Digital Certificates as required by Section 16.12, User Security Administrator and Digital Certificates. Market Participant understands that designation of a USA and Backup USA, and issuance of Digital Certificates, is subject to the requirements in Section 16.12.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| [NPRR928: Replace Section 23 Form E above with the following upon system implementation:]**NOTICE OF CHANGE OF INFORMATION**A Market Participant must update, amend and/or correct the registration information previously submitted to ERCOT using this Notice of Change of Information (NCI). The Market Participant must notify ERCOT of any change to the information or additional information on any application or form that it has previously submitted to ERCOT according to the notification timeframe in the ERCOT Protocols or, if the Protocols do not contain a timeframe for the subject matters, at least 30 days before the change will take effect. Please fill out this form electronically, print and execute. Submit all changes and/or additional information by one of the following methods: 1) Market Information System (MIS); 2) email to MPRegistration@ercot.com; 3) facsimile to (512) 225-7079; or 4) regular mail to Market Participant Registration, 7620 Metro Center Drive, Austin, Texas 78744.Except as otherwise required by the ERCOT Protocols, ERCOT will send a written acknowledgement of receipt of the changes within five Business Days of receipt and will notify Market Participant of any deficiencies or any additional documentation required within 10 days of receipt. The notice of receipt will be sent to the email address of the Authorized Representative on file with ERCOT or the address specified in the NCI received by ERCOT.The following contacts/information can be changed via the submittal of this NCI:* **Authorized Representative (“AR”)** – Responsible for updating all registration information, and will be the contact person between the Market Participant and ERCOT for all business matters requiring authorization by ERCOT. *(All Market Participant Types)*
* **Backup AR** – May perform the functions of the AR in the event the AR is unavailable. *(All Market Participant Types)*
* **User Security Administrator (USA)** – Responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates. *(All Market Participant Types)*
* **Backup USA** – May perform the functions of the USA in the event the USA is unavailable. *(All Market Participant Types)*
* **Cybersecurity** – Responsible for communicating Cybersecurity Incidents.
* **24x7 Control or Operations Center (24x7)** – Responsible for operational communications. Shall have sufficient authority to commit and bind the entity. The Market Participant must provide a 24x7 phone number for the operations desk in a manner that reasonably assures continuous communication with ERCOT and is not affected by PBX features such as automatic transfer or roll to voice mail. *(QSEs, sub-QSEs, TSPs)*
* **Compliance** – Responsible for compliance related issues. *(QSEs, Sub-QSEs, Resource Entities, TSPs, DSPs)*
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* **Credit** – Responsible for all credit-related matters. *(Counter-Parties)*
* **Backup Credit** – May perform the functions of the Credit in the event the Credit is unavailable. *(CPs)*
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* **Banking Information** *(CRRAHs, QSEs, Sub-QSEs)*
* **Legal Address Change** *(All Market Participant Types)*

|  |  |
| --- | --- |
| \*Market Participant Account Name(s): |       |
| \*DUNS Number(s): |       |
| \*Market Participant Type(s): | [ ]  CP [ ]  CRRAH [ ]  IMRE [ ]  LSE [ ]  QSE/Sub-QSE[ ]  RE [ ]  TSP and/or DSP |

Comments (if necessary):

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

**1. Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **Contact type(s):** [ ]  AR [ ]  Backup AR [ ]  USA [ ]  Backup USA [ ]  Cybersecurity [ ]  24x7 [ ]  Compliance [ ]  ROSC [ ]  AP [ ]  Backup AP [ ]  Credit [ ]  Backup Credit [ ]  TAB [ ]  TAR [ ]  TAT

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

If former contact(s) is/are no longer with the Market Participant please list name(s) here:      **2. Banking Information Change**

|  |  |
| --- | --- |
| Bank Name: |       |
| Account Name: |       |
| Account Number: |       |
| ABA Number: |       |

**3. Legal Address Change**

|  |
| --- |
| Address:       |
| City, State, Zip:       |

**4. Cancelation of User Security Administrator (USA) and Digital Certificate Opt-Out**[ ]  By checking this box, Market Participant elects to: (i) cancel its USA and Digital Certificate Opt-Out; (ii) designate a USA and optionally a Backup USA, listed in Section 1, Contact type(s), of this NCI form; and (iii) receive Digital Certificates as required by Section 16.12, User Security Administrator and Digital Certificates. Market Participant understands that designation of a USA and Backup USA, and issuance of Digital Certificates, is subject to the requirements in Section 16.12. |