|  |  |  |  |
| --- | --- | --- | --- |
| NPRR Number | [1141](https://www.ercot.com/mktrules/issues/NPRR1141) | NPRR Title | Require Notary Public for NCI and Notice of Change of Banking Information Forms |
| Date Posted | July 12, 2022 |
|  |  |
| Requested Resolution  | Normal |
| Nodal Protocol Sections Requiring Revision  | 23, Form E, Notice of Change of Information23, Form P, Notice of Change of Banking Information |
| Related Documents Requiring Revision/Related Revision Requests | None |
| Revision Description | This Nodal Protocol Revision Request (NPRR) requires the signatory to use a notary public when completing the Notice of Change of Information (NCI) form or Notice of Change of Banking Information form to update, amend, and/or correct previously provided information. |
| Reason for Revision |  Addresses current operational issues. Meets Strategic goals (tied to the [ERCOT Strategic Plan](http://www.ercot.com/content/wcm/lists/144926/ERCOT_Strategic_Plan_2019-2023.pdf) or directed by the ERCOT Board). Market efficiencies or enhancements Administrative Regulatory requirements Other: (explain)*(please select all that apply)* |
| Business Case | The notary public will help ensure that the signature on these forms is authentic. This will help prevent potential fraud and deception which might save Market Participants and ERCOT from financial losses, administrative hassles, and a loss of trust. |

|  |
| --- |
| Sponsor |
| Name | Richard Gates |
| E-mail Address | rich@elmagincapital.com |
| Company | Elmagin Capital LLC |
| Phone Number | 610-719-8362 |
| Cell Number | 484-639-3865 |
| Market Segment | Not applicable |

|  |
| --- |
| **Market Rules Staff Contact** |
| **Name** | Cory Phillips |
| **E-Mail Address** | cory.phillips@ercot.com |
| **Phone Number** | 512-248-6464 |

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| Proposed Protocol Language Revision |

**ERCOT Nodal Protocols**

**Section 23**

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

**TBD**

**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 with a notary public. 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, 8000 Metropolis Drive (Building E), Suite 100, 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 private branch exchange (PBX) features such as automatic transfer or roll to voice mail. *(Qualified Scheduling Entities (QSEs), sub-QSEs, Transmission Service Providers (TSPs))*
* **Compliance** – Responsible for compliance related issues. *(QSEs, Sub-QSEs, Resource Entities (“REs”), TSPs, Distribution Service Providers (DSPs))*
* **Accounts Payable (“AP”)** – Responsible for settlements and billing. *(Congestion Revenue Right (CRR) Account Holders (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 (CPs))*
* **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. *(Load Serving Entities (LSEs), TSPs, DSPs)*
* **Legal Address Change** *(All Market Participant Types)*

|  |  |
| --- | --- |
| \*Market Participant Account Name(s): |       |
| \*Data Universal Numbering System (DUNS) Number(s): |       |
| \*Market Participant Type(s): | [ ]  CP [ ]  CRRAH [ ]  Independent Market Information System Registered Entity (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 [ ]  Cybersecurity [ ]  24x7

[ ]  Compliance [ ]  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 [ ]  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 [ ]  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 [ ]  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 [ ]  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 [ ]  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 [ ]  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. Legal Address Change**

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

**3. 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.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a notary public in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public Signature)

My commission expires: \_\_\_\_/\_\_\_\_/\_\_

**ERCOT Nodal Protocols**

**Section 23**

**Form P: Notice of Change of Banking Information**

**TBD**

**NOTICE OF CHANGE OF BANKING INFORMATION**

A Market Participant must update, amend and/or correct banking information previously submitted to ERCOT using this Notice of Change of Banking Information (NCBI) form. Please fill out this form electronically, print, execute with a notary public, and submit through the Market Information System (MIS) Certified Area. This form may only be executed by the Market Participant’s Authorized Representative (AR), Backup AR, or an Officer of the Market Participant.

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.

|  |  |
| --- | --- |
| \*Market Participant Account Name(s): |       |
| \*DUNS Number(s): |       |
| \*Market Participant Type(s): | [ ]  CP [ ]  CRRAH [ ]  QSE/Sub-QSE |

Comments (if necessary):

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

**Banking Information Change**

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a notary public in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public Signature)

My commission expires: \_\_\_\_/\_\_\_\_/\_\_