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| **Texas SET Change Control Request Form**(**To be completed only by Texas SET**) **Change Control Number: 2023-840** **Implementation Version: 5.0**  |

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

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| **Submitter Name:** Kathryn Thurman | **Submitting Company Name:**  | **Phone Number:** 512-248-6747 |
| **Date of Submission:**01/04/2023 | **Affected TX SET Transaction(s):** 814\_18, 814\_19 | **Submitter’s E-Mail Address:** Kathryn.Thurman@ercot.com |
| **Texas SET Issue cross-reference number:** N/A | Protocol Impact (Y/N):Y |
| **Detailed Description and Reason for Proposed Change(s):****814\_18**- Update name of 814\_18 transaction to include Change (814\_18 Establish/Change/Delete CSA Request)- Require Customer Name on 814\_18 Change- Require Customer Service Address (Zip Code) on 814\_18 Change- Limit DTM~150 to only one per transaction- Limit DTM~151 to only one per transaction**814\_19**- Update name of 814\_19 transaction to include Change (814\_19 Establish/Change/Delete CSA Response- Remove reference to CR sending 814\_19 response in the BGN06- Update BGN06 to include response from ERCOT to CR for 814\_18 Change |
| **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***.*** |

**This Section Is Used to Request a Revision of an Approved Change Control Only:**

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| **Revisers Name:**  | **Revisers Company Name:**  | **Phone Number:**  |
| **Revision Date Submission:** | **Revisers Email Address:** | **Revision Status & Date:** |
| **Detailed Description and Reason for Revision:** Added gray boxes to the DTM~150 and DTM~151 of the 814\_18 to provide additional description and to be in line with the other DTMs on initiating transactions.  |

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

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| **Status:** | **Date of TX SET Decision:** |
| **TX SET Discussion/Summary and Resolution**:Recommendation to approve for Texas SET 5.002.15.2023 – Texas SET approved of gray box and Recommended Approval for Texas SET 5.0 |

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| **RMS Decision:** | **Emergency (Y/N):** | **Date of RMS Decision:** |
| **Summary of RMS Discussion:**  |

