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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](mailto: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 5.0  02.15.2023 – 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:** | | |

