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| --- | --- | --- | --- |
| NPRR Number | [1206](https://www.ercot.com/mktrules/issues/NPRR1206#summary) | NPRR Title | Revisions to QSE Operations and Termination Requirements, and Elimination of Providing Certain Market Participant Principal Information |
|  | |  | |
| Date | | December 7, 2023 | |
|  | |  | |
| Submitter’s Information | | | |
| Name | | Eric Blakey on behalf of the Wholesale Market Subcommittee (WMS) | |
| E-mail Address | | [Eric.Blakey@peci.com](mailto:Eric.Blakey@peci.com) | |
| Company | | Pedernales Electric Cooperative (PEC) | |
| Phone Number | | 830-225-7777 | |
| Cell Number | |  | |
| Market Segment | | Not applicable | |

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| --- |
| Comments |

On December 6, 2023, WMS reviewed Nodal Protocol Revision Request (NPRR) 1206. WMS voted unanimously to endorse NPRR1206 as revised by WMS. All Market Segments participated in the vote.

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| --- |
| Revised Cover Page Language |

None

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| Revised Proposed Protocol Language |

## 2.1 DEFINITIONS

**Hotline**

The telecommunications capability of the ERCOT Wide Area Network (WAN) reserved for simultaneous communications with WAN Participants or their designated agents.

Qualified Scheduling Entity (QSE)

A Market Participant that is qualified by ERCOT in accordance with Section 16, Registration and Qualification of Market Participants, for communication with ERCOT for Resource Entities and Load Serving Entities (LSEs) and for settling payments and charges with ERCOT.

***Data Agent-Only Qualified Scheduling Entity (QSE)***

A limited type of QSE that is registered with ERCOT pursuant to Section 16.2.1.2, Data Agent-Only Qualified Scheduling Entities, for the sole purpose of acting as an agent for a QSE that meets all the criteria of Section 16.2.1, Criteria for Qualification as a Qualified Scheduling Entity, relating to the exchange of certain communications and data over the ERCOT Wide Area Network (WAN), as provided in Nodal Operating Guide Section 7, Telemetry and Communication.

Master Qualified Scheduling Entity (QSE)

A QSE designated by Resource Entities owning or controlling a Generation Resource that has been split into two or more Split Generation Resources as set forth in Section 3.8.1, Split Generation Resources, that provides ERCOT data and dispatch on total Generation Resource basis in accordance with the Protocols.

16.2.1 Criteria for Qualification as a Qualified Scheduling Entity

(1) To become and remain a Qualified Scheduling Entity (QSE), an Entity must meet the following requirements:

(a) Submit a properly completed QSE application for qualification, including any applicable fee, necessary disclosures, and designation of Authorized Representatives, each of whom is responsible for administrative communications with the QSE and each of whom has enough authority to commit and bind the QSE and the Entities it represents;

(b) Comply with ERCOT’s background check process, as described in Section 16.2.1.1, QSE Background Check Process;

(c) Demonstrate to ERCOT’s reasonable satisfaction that the Entity does not pose an “Unreasonable Financial Risk”, as defined in this Section;

(d) Sign a Standard Form Market Participant Agreement;

(e) Sign any required Agreements relating to use of the ERCOT Wide Area Network (WAN), software, and systems;

(f) Demonstrate to ERCOT’s reasonable satisfaction that the Entity is capable of performing the functions of a QSE;

(g) Demonstrate to ERCOT’s reasonable satisfaction that the Entity is capable of complying with the requirements of all ERCOT Protocols and Operating Guides;

(h) Satisfy ERCOT’s creditworthiness and capitalization requirements as set forth in this Section, unless exempted from these requirements by Section 16.17, Exemption for Qualified Scheduling Entities Participating Only in Emergency Response Service;

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| [NPRR1165: Replace paragraph (h) above with the following upon system implementation:]  (h) Satisfy ERCOT’s creditworthiness requirements as set forth in this Section,  unless exempted from these requirements by Section 16.17, Exemption for Qualified Scheduling Entities Participating Only in Emergency Response Service; |

(i) Be generally able to pay its debts as they come due. ERCOT may request evidence of compliance with this qualification only if ERCOT reasonably believes that a QSE is failing to comply with it;

(j) Provide all necessary bank account information and arrange for Fedwire system transfers for two-way confirmation;

(k) Be financially responsible for payment of Settlement charges for those Entities it represents under these Protocols;

(l) Submit an executed ERCOT Private Wide Area Network (WAN) Agreement under Section 23, Form K, Wide Area Network (WAN) Agreement, for WAN Participants;

(m) Comply with the backup plan requirements for WAN Participants, if applicable, in accordance with the Operating Guides;

(n) Demonstrate to ERCOT’s reasonable satisfaction that the Entity can maintain a 24-hour, seven-day-per-week control or operations center with qualified personnel for the purposes of communicating with ERCOT relating to Day-Ahead and Operating Day exchange of market and operational obligations. This requirement applies to QSEs that are WAN Participants. Control or operations center personnel must be responsible for operational communications and must have sufficient authority to commit and bind the QSE and the Entities that it represents;

(o) Demonstrate and maintain a working functional interface with all required ERCOT computer systems;

(p) Allow ERCOT, upon reasonable notice, to conduct a site visit to verify information provided by the QSE; and

(q) If a QSE represents a Resource Entity, Emergency Response Service (ERS) Resource, or another QSE and receives or transmits WAN Data, it must maintain connection to a Secure Private Network (SPN) or equivalent network as described in Nodal Operating Guide Section 7.1.2, WAN Participant Responsibilities.

(2) If a QSE chooses to use Electronic Data Interchange (EDI) transactions to receive Settlement Statements and Invoices, it must participate in and successfully complete testing as described in Section 19.8, Retail Market Testing, before starting operations with ERCOT as a QSE.

(3) A QSE must be able to demonstrate to ERCOT’s reasonable satisfaction that it does not pose an Unreasonable Financial Risk. Unreasonable Financial Risk as used in Section 16, Registration and Qualification of Market Participants, is a risk of financial default posed to ERCOT or its Market Participants by participation of an Entity or its Principals in the ERCOT market. Indicators of Unreasonable Financial Risk may include, but are not limited to: past market manipulation, trading violations, or other finance-related violations based upon a final adjudication in state or federal regulatory or legal proceedings; financial defaults in ERCOT or other energy markets resulting in losses or uplifts; indications of imminent bankruptcy or insolvency, or other past civil judgement or criminal conviction that reflects problematic behavior on the part of the Entity or its Principals.

(4) A QSE or QSE applicant 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 these Protocols. For purposes of this Section, ERCOT will only consider disqualifying those Principals of the QSE or QSE applicant who were Principals of the other Entity at a time during which the unpaid financial obligation remained owing to ERCOT or during the 120-day period prior to the date on which the unpaid financial obligation first became due and owing to ERCOT.

(5) If any of a QSE’s or QSE applicant’s Principals were or are Principals of a terminated Market Participant with an obligation for Default Uplift Ratio Share allocated under Section 9.19.1, Default Uplift Invoices, the terminated Market Participant must be current on all payment obligations for Default Uplift Invoices in order for the QSE to remain, or QSE applicant to become, a registered QSE. For purposes of this Section, ERCOT will only consider as disqualifying those Principals of the QSE or QSE applicant who were Principals of the other Entity at a time during which the other Entity was not current on its payment obligation for Default Uplift Invoices or 120 days prior to the date the other Entity first failed to pay a Default Uplift Invoice.

(6) A QSE shall promptly notify ERCOT of any change that a reasonable examiner may deem material to the QSE’s ability to continue to meet the requirements set forth in this Section, and any material change in the information provided by the QSE to ERCOT that may adversely affect the reliability or safety of the ERCOT System or the financial security of ERCOT. This includes any changes in the Principals of the QSE. If the QSE fails to so notify ERCOT of such change within two Business Days after becoming aware of the change, then ERCOT may, after providing notice to each Entity represented by the QSE, refuse to allow the QSE to perform as a QSE and take any other action ERCOT deems appropriate, in its sole discretion, to prevent ERCOT or Market Participants from bearing potential or actual risks, financial or otherwise, arising from those changes, and in accordance with these Protocols.

(7) Subject to the following provisions of this paragraph, a QSE may partition itself into any number of subordinate QSEs (“Subordinate QSEs”). If a single Entity requests to partition itself into more than four Subordinate QSEs, ERCOT may implement the request subject to ERCOT’s reasonable determination that the additional requested Subordinate QSEs will not be likely to overburden ERCOT’s staffing or systems. ERCOT shall adopt an implementation plan allowing phased-in registration for these additional Subordinate QSEs in order to mitigate system or staffing impacts. However, ERCOT may not unreasonably delay that registration.

(8) Each Subordinate QSE must be treated as an individual QSE for all purposes including communications and control functions except for liability, financial security, and financial liability requirements under this Section. That liability, financial security, and financial liability is cumulative for all Subordinate QSEs for the single Entity signing the QSE Agreement.

(9) Continued qualification as a QSE is contingent upon compliance with all applicable requirements in these Protocols. ERCOT may suspend a QSE’s rights as a Market Participant when ERCOT reasonably determines that it is an appropriate remedy for the Entity’s failure to satisfy any applicable requirement.

(10) Each QSE that is a WAN Participant, or its designated QSE agent, shall maintain 24-hour, seven-day-per-week operations and Hotline communications with ERCOT and answer each QSE Hotline call.

16.2.1.2 Data Agent-Only Qualified Scheduling Entities

(1) An Entity may request registration as a Data Agent-Only QSE by submitting a completed Data Agent-Only QSE application. ERCOT will consider the application and register the Entity as a Data Agent-Only QSE in accordance with the same processes in Section 16.2, Registration and Qualification of Qualified Scheduling Entities, generally applicable to the QSE application process.

(2) An Entity is eligible to register as a Data Agent-Only QSE and maintain that registration if it:

(a) Meets all the eligibility criteria to qualify as a QSE under paragraph (1) of Section 16.2.1, Criteria for Qualification as a Qualified Scheduling Entity, except for items (b), (c), (h), (j), (m), and (n);

(b) Is not also registered as a Congestion Revenue Right (CRR) Account Holder;

(c) Does not participate in the Day-Ahead Market (DAM) or Real-Time Market (RTM);

(d) Does not participate in the ERS market;

(e) Does not have decision making authority over the Resources for which the Entity provides agency services; and

(f) Maintains a 24-hour, seven-day-per-week support contact with qualified personnel to support and resolve any data or communication issues with ERCOT.

(3) A registered Data Agent-Only QSE may only be appointed to act as the authorized agent of a QSE that meets all requirements of Section 16.2.1 for the limited purpose of exchanging or communicating certain types of data with ERCOT provided that a QSE Agency Agreement making such appointment has been properly executed by the parties and accepted by ERCOT. If a Data Agent-Only QSE is appointed as such an agent, it shall perform its agency services in accordance with the terms of the QSE Agency Agreement and the requirements for WAN Participants under the Nodal Operating Guide Section 7, Telemetry and Communication.

(4) A Data Agent-Only QSE shall comply with the obligations applicable to QSEs under this Section 16, Registration and Qualification of Market Participants, but is exempt from the following requirements:

(a) Paragraph (1)(b) of Section 16.2.1;

(b) Paragraph (1)(c) of Section 16.2.1;

(c) Paragraph (1)(h) of Section 16.2.1;

(d) Paragraph (1)(j) of Section 16.2.1;

(e) Paragraph (1)(m) of Section 16.2.1;

(f) Paragraph (1)(n) of Section 16.2.1;

(g) Section 16.11, Financial Security for Counter-Parties; and

(h) Section 16.16, Additional Counter-Party Qualification Requirements.

(5) ERCOT will ensure that its systems prevent participation by a Data Agent-Only QSE in the DAM and RTM.

(6) A Data Agent-Only QSE may request to change its registration to a QSE that meets all the requirements of Section 16.2.1 and is registered with ERCOT as such by submitting a written request to ERCOT. ERCOT will change the Data Agent-Only QSE’s registration upon satisfaction of all requirements in Section 16.2.1.

(7) Nothing in this Section affects a Data Agent-Only QSE’s obligation under paragraph (6) of Section 16.2.1 to provide ERCOT notice of any material change that could adversely affect the reliability or safety of the ERCOT System.

(8) Each Data Agent-Only QSE shall maintain 24-hour, seven-day-per-week operations and Hotline communications with ERCOT and answer each QSE Hotline call.

#### 16.2.3.2 Maintaining and Updating QSE Information

(1) Each QSE must timely update information the QSE provided to ERCOT in the application process, and a QSE must promptly respond to any reasonable request by ERCOT for updated information regarding the QSE or the information provided to ERCOT by the QSE, including:

(a) The QSE’s addresses;

(b) A list of Principals, as defined in Section 16.1.2, Principal of a Market Participant;

(c) A list of Affiliates; and

(d) Designation of the QSE’s officers, directors, Authorized Representatives, Credit   
 Contacts, and User Security Administrator (USA) (all per the QSE application)   
 including the telephone and e-mail   
 addresses for those persons.

16.2.3.3 Qualified Scheduling Entity Service Termination

(1) If a QSE intends to terminate representation of a Resource Entity that owns or controls a Resource that is in the ERCOT Network Operations Model (other than a Resource Entity serving as its own QSE, in which case this Section does not apply), the QSE shall provide, no less than 45 days before the specified effective termination date (“Termination Date”), written notice to ERCOT and the Resource.

(2) If a QSE intends to terminate representation of a Load Serving Entity (LSE) (other than an LSE serving as its own QSE, in which case this Section does not apply), or a Resource that is not in the ERCOT Network Operations Model, the QSE shall provide, no less than 12 Business Days before the specified effective Termination Date, written notice to ERCOT and the LSE.

(3) Effective at 2400 on the Termination Date specified by the QSE, the QSE may no longer provide QSE services for or represent the terminated LSE or Resource. The QSE is responsible for settlement obligations that the QSE has incurred on behalf of the terminated LSE or Resource before the termination. The QSE must participate in Real-Time Operations through the Termination Date and provide updates pursuant to these Protocols for the Operating Day which is the Termination Date. Notwithstanding the foregoing, if, before the Termination Date, the LSE/Resource:

(a) Affiliates itself with a new QSE, or

(b) Fulfills ERCOT’s creditworthiness requirements in order to become an Emergency QSE,

the QSE that provided notice of the intent to terminate representation of the LSE/ Resource will no longer be responsible for the terminated LSE/Resource upon the effective date of the new QSE’s representation of that LSE/Resource, or the LSE/Resource qualifying as an Emergency QSE.

(4) Within two Business Days of notice of a QSE’s intent to terminate representation of an LSE, ERCOT shall notify the LSE of the level of credit the LSE must provide, if it becomes an Emergency QSE, and the date by which it must post the required collateral.

16.3.4 Maintaining and Updating LSE Information

(1) Each LSE must timely update information the LSE provided to ERCOT in the application process, and an LSE must promptly respond to any reasonable request by ERCOT for updated information regarding the LSE or the information provided to ERCOT by the LSE, including:

(a) The LSE’s addresses;

(b) A list of Affiliates; and

(c) Designation of the LSE’s officers, directors, Authorized Representatives, and USA (all per the LSE application) including the telephone and e-mail addresses for those persons.

**16.5.1.1 Designation of a Qualified Scheduling Entity**

(1) Each Resource Entity applicant within the ERCOT Region shall designate the Qualified Scheduling Entity (QSE) that will perform QSE functions per these Protocols on behalf

of the Resource Entity. Each applicant shall acknowledge that it bears sole responsibility for selecting and maintaining a QSE as its representative. The applicant shall include a

written statement from the designated QSE acknowledging that the QSE accepts responsibility for the applicant’s transactions pursuant to these Protocols. For the Resource Entity that owns or operates a Resource, the Resource Entity’s QSE

designation must be submitted to ERCOT no later than 45 days prior to the Network Operations Model change date, as described in Section 3.10.1, Time Line for Network Operations Model Changes, for the Resource.

(2) If a Resource Entity fails to maintain a QSE as its representative, the Resource Entity may be designated as an Emergency QSE as provided in Section 16.2.6.1, Designation as an Emergency Qualified Scheduling Entity or Virtual Qualified Scheduling Entity.

***16.5.3 Changing QSE Designation***

(1) A Resource Entity may change its designation of QSE with written notice to ERCOT, no more than once in any consecutive three days.

(2) If a Resource Entity’s representation by a QSE will terminate or the Resource Entity intends to be represented by a different QSE, the Resource Entity shall provide the name of the newly designated QSE to ERCOT along with a written statement from the newly designated QSE acknowledging the QSE’s agreement to accept responsibility for the Resource Entity’s transactions under these Protocols. For the Resource Entity that owns or operates a Resource, the Resource Entity’s QSE designation must be submitted to ERCOT no later than 45 days before the effective date of the change, unless otherwise approved by ERCOT, before the Resource Entity will be evaluated for compliance with the requirements of paragraph (3) below. ERCOT shall notify the Resource Entity of approval or disapproval as soon as practicable after receipt of the request.

(3) For Resources required by these Protocols to be in the Network Operations Model, the following apply:

(a) The designated QSE shall install all telemetry required of these Protocols for the requesting Resource Entity and schedule point-to-point data verification with ERCOT.

(b) The designated QSE shall submit telemetry data descriptions to ERCOT to meet ERCOT’s normal model update process.

(c) The Resource must submit any changes in system topology or telemetry according to Section 3.3.2.1, Information to Be Provided to ERCOT.

(d) The effective date for the newly designated QSE shall be in accordance with Section 3.10.1, Time Line for Network Operations Model Changes.

(e) ERCOT may request the Resource Entity to develop a transition implementation plan to be approved by ERCOT that sets appropriate deadlines for completion of all required data and telemetry verification and cutover testing activities with ERCOT.

(4) For all other Resources, the new QSE designation is to be received no less than six days prior to the effective date.

(5) Within two days of approving a Resource Entity’s notice, ERCOT shall notify all affected Entities, including the Resource Entity’s current QSE, of the effective date of the change.

**16.5.4 Maintaining and Updating Resource Entity Information**

(1) Each Resource Entity must timely update information the Resource Entity provided to ERCOT in the application process, and a Resource Entity must promptly respond to any reasonable request by ERCOT for updated information regarding the Resource Entity or the information provided to ERCOT by the Resource Entity, including:

(a) The Resource Entity’s addresses;

(b) A list of Affiliates; and

(c) Designation of the Resource Entity’s officers, directors, Authorized Representatives, and USA (all per the Resource Entity application) including the telephone and e-mail addresses for those persons.

(2) A Resource Entity that has a Switchable Generation Resource (SWGR) shall submit a report to ERCOT in writing indicating whether or not it has any contractual requirement in a non-ERCOT Control Area during the summer or winter Peak Load Seasons which may cause the identified capacity to not be available to the ERCOT System for the subsequent ten years. The initial communication and subsequent updates to previously reported unavailable capacity shall be filed with ERCOT as soon as possible, but in no event later than ten Business Days after the information is obtained. The communications should reflect the Resource Entity’s best estimate of the required information at the time the filing is made. ERCOT shall use the provided data for preparation of the Report on Capacity, Demand and Reserves in the ERCOT Region and other planning purposes.

**16.8.3.1 Maintaining and Updating CRR Account Holder Information**

(1) Each CRR Account Holder must timely update information the CRR Account Holder provided to ERCOT in the application process, and a CRR Account Holder must promptly respond to any reasonable request by ERCOT for updated information regarding the CRR Account Holder or the information provided to ERCOT by the CRR Account Holder, including:

(a) The CRR Account Holder’s addresses;

(b) A list of Principals;

(c) A list of Affiliates; and

(d) Designation of the CRR Account Holder’s officers, directors, Authorized Representatives, Credit Contacts, and User Security Administrator (USA) (all per the CRR Account Holder application) including telephone and e-mail addresses for those persons.

**ERCOT Nodal Protocols**

**Section 23**

**Form A: Congestion Revenue Right (CRR) Account Holder Application for Registration**

**TBD**

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

**CONGESTION REVENUE RIGHT (CRR) ACCOUNT HOLDER**

**APPLICATION FOR REGISTRATION**

This application is for approval as a CRR Account Holder by the Electric Reliability Council of Texas Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)). ERCOT must also receive a background check fee in the amount of $350 per Principal via EFT (wire or ACH) and Applicant’s Principals must each complete a background check. All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

¹ Defined in Section 2.1, Definitions.

**Check if entity is a Non-Opt In Entity (NOIE).**

**1. Authorized Representative (“AR”)**.Defined inSection 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR**.*(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3. Type of Legal Structure**. (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:

**4. User Security Administrator (USA)**.As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**5. Backup USA**. *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

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| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Cybersecurity**. This contact is responsible for communicating Cybersecurity Incidents.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. Allocation Eligibility**.Indicate if the Applicant is eligible for the allocation described below:

**Pre-Assigned Congestion Revenue Right (PCRR) Allocations.** ERCOT shall allocate PCRRs to eligible Municipally Owned Utilities (MOUs) and Electric Cooperatives (ECs) pursuant to Section 7.4, Allocation of Pre-Assigned Congestion Revenue Rights.

**8. Proposed commencement date for service:**

**PART II – BANKING INFORMATION FOR FUNDS TRANSFERS**

**1. Banking Information.** Applicant must be able to conduct Electronic Funds Transfers (EFTs) for the settlement of financial transactions with ERCOT.

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Account Name:** |  |
| **Account No.:** |  |
| **ABA Number:** |  |

**2. Accounts Payable Contact (Settlement & Billing).**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | |  |  | | |
| **Telephone:** |  | | | |  |  | | | |
| **Email Address:** | | |  | | | | | | |

**3. Backup Accounts Payable Contact (Settlement & Billing).** *(Optional)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | |  |  | | |
| **Telephone:** |  | | | |  |  | | | |
| **Email Address:** | | |  | | | | | | |

**PART III – ADDiTIONAL REQUIRED Information**

**1. Officers and Principals.** Provide the name of all officers and the name and position of all Principals, as defined by Section 16.1.2, Principal of a Market Participant, along with a current email address for each Principal. An individual background check will be performed on each Principal of the Applicant. In addition, ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to the Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation, etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant. (*Attach on additional pages.*)

**2. Affiliates and Other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) |
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**3. Disclosures.** Provide the name of any Principal of the Applicant that is now, or was at any point in time, a Principal of any other Entity that is now, or was at any point in time, a registered ERCOT Market Participant, along with the name of the relevant ERCOT Market Participant and the dates during which the Principal of the Applicant was a Principal of the other Entity. *(Attach on additional pages.)*

In addition, provide the following disclosures involving Applicant, its predecessors, Affiliates, or Principals. *(Attach on additional pages.)*:

(a) Any civil or criminal matters involving the applicant, its predecessors, Affiliates, or Principals within the last ten years that resulted in a conviction or finding of fraud, theft, larceny, deceit, deceptive trade practices, or a violation of securities or customer protection laws;

(b) Any complaint, formal investigation, or disciplinary action concerning financial matters initiated by or with the Securities and Exchange Commission (SEC), Commodity Futures Trading Commission (CFTC), Federal Energy Regulatory Commission (FERC), a self-regulatory organization, Independent System Operator or Regional Transmission Organization, or a state public utility commission or securities board directly involving the actions of the applicant, its predecessors, Affiliates, or Principals within the last ten years;

(c) Any default involving the applicant, its predecessors, Affiliates, or Principals, that impacted or revoked the right to operate in any other energy market within the last ten years;

(d) Any bankruptcy by the applicant, its predecessors, Affiliates, or Principals within the last ten years; and

Finally, for each Principal, as defined by Section 16.1.2, ERCOT will work with the third-party that performs ERCOT’s background checks. Each Principal will then be emailed directly by the third-party with directions on securely providing the third-party with information necessary to perform a background check, including Principals’ Social Security numbers, birth dates, and home addresses for the last ten years.

**4. Counter-Party Credit Application**. Complete the Counter-Party Credit Application, located at http://www.ercot.com/services/rq/credit, and submit as instructed in conjunction with this application, in accordance with Section 16.8, Registration and Qualification of Congestion Revenue Rights Account Holders.

**5. Annual Certification Form to Meet ERCOT Additional Minimum Participation.** Complete Section 22 Attachment J, Annual Certification Form to Meet ERCOT Additional Minimum Participation Requirements, and submit in conjunction with this application, pursuant to Section 16.16.3, Verification of Risk Management Framework.

**6. Qualified Scheduling Entity (QSE) Acknowledgment.** Provide all information requested in Attachment A below and have the document executed by both parties, ***ONLY*** if the Applicant is a Non-Opt-In Entity (NOIE) and eligible for PCRRs.

**PART IV – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**Attachment A – QSE Acknowledgment**

**Acknowledgment by Designated QSE for**

**Scheduling and Settlement Responsibilities with ERCOT**

**Applicable only if CRRAH is a NOIE and eligible for Pre-Assigned CRRs**

The Applicant below has named the QSE listed below as its designated QSE to represent the Applicant for scheduling and Settlement transactions with ERCOT.

The Applicant’s designated QSE, listed below, hereby acknowledges that it does represent the Applicant and that it shall be responsible for the Applicant’s scheduling and Settlement transactions with ERCOT pursuant to the ERCOT Protocols.

The requested effective date for such representation is:      [[1]](#footnote-1)\*\*

or

Establish partnership at the earliest possible date

Acknowledgment by **QSE**:

|  |  |
| --- | --- |
| Signature of AR for QSE: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of Designated QSE: |  |
| DUNS of Designated QSE: |  |

Acknowledgment by **Applicant**:

|  |  |
| --- | --- |
| Signature of AR for MP: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of MP: |  |
| DUNS No. of MP: |  |

**ERCOT Nodal Protocols**

**Section 23**

**Form B: Load Serving Entity (LSE) Application for Registration**

**TBD**

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

**LOAD SERVING ENTITY (LSE)**

**APPLICATION FOR REGISTRATION**

This application is for approval as a Load Serving Entity (LSE) by the Electric Reliability Council of Texas Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)), if the applicant is a Retail Electric Provider (REP) and/or Competitive Retailer (CR), per Section 9.16.2, User Fees. All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application and all subsequent documents provided to ERCOT must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

¹Defined in Section 2.1, Definitions.

**1. Authorized Representative (“AR”)**.Defined in Section 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR**.*(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3. Type of Legal Structure**. (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:

**4. User Security Administrator (USA)**.As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**4a.**  By checking this box, Applicant hereby requests that ERCOT evaluate Applicant’s eligibility to opt out of the requirement that Market Participant designate a USA and receive Digital Certificates, and affirms the following:

(a) Applicant is applying to register with ERCOT as either a Municipally Owned Utility (MOU) or an Electric Cooperative (EC), and as a Distribution Service Provider (DSP) and/or Load Serving Entity (LSE).

(b) Applicant is not, and will not, be designated as a Transmission Operator with ERCOT.

(c) Applicant understands that by opting out, it will not be granted access to portions of the ERCOT Market Information System (MIS) that require Digital Certificate access.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and begin receiving Digital Certificates by properly completing Section 23, Form E, Notice of Change of Information, and meeting the requirements under Section 16.12, User Security Administrator and Digital Certificates.

(e) If determined ineligible, Applicant must designate a USA, receive Digital Certificates and comply with requirements under Section 16.12.

**5. Backup USA**. *(Optional)* This person may perform the functions of the USA in the event the Primary USA is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Cybersecurity**. This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. Transition/Acquisition (“TA”).** Requirement for Competitive Retailers (CRs). Responsible for coordinating Mass TA events between ERCOT, Transmission and/or Distribution Service Providers (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”).

**TAB:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**TAR:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**TAT:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**8. Type of Applicant.** Please indicate how the Applicant intends to operate in the market pursuant to the ERCOT Protocols. Please check all that apply.

**CR** – MOU or an EC that offers Customer Choice and sells electric energy at retail in the restructured electric power market in Texas; or a Retail Electric Provider (REP) as defined in P.U.C. Subst. R. 25.5, Definitions. (If CR, check one of the following):

**Opt-In MOU or EC** – A MOU or an EC that offers Customer Choice.

**REP** – A person that sells electric energy to retail Customers in this state. As provided in the Public Utility Regulatory Act, Tex. Util. Code Ann. § 31.002(17) (Vernon 1998 & Supp. 2007) (PURA), a REP may not own or operate generation assets. As provided in PURA § 39.353(b), a REP is not an Aggregator.

**Non-Opt-In Entity (NOIE)** – An EC or MOU that does not offer Customer Choice and does not plan to operate as a CR.

**External LSE (ELSE)** – A distribution service provider (as that term is defined in P.U.C. Subst. R. 25.5), which includes an electric utility, a MOU, or an EC that has a legal duty to serve one or more Customers connected to the ERCOT System but that does not own or operate Facilities connecting Customers to the ERCOT System.

**9. Default method for receiving transaction information from Transaction Clearinghouse.**

**Select one**:  EDI,  XML, or  Portal

**PART II – SCHEDULING INFORMATION**

**1. Designation of a Qualified Scheduling Entity (QSE).** Provide all information requested in Attachment A and have the document executed by both parties.

**PART III – REP INFORMATION**

(Part III applies to REPs only.)

**1. Other Trade or Commercial Names on PUCT Certificate**. (Limit: 4)

|  |  |
| --- | --- |
| Other Trade/Commercial Name: | DUNS Number: |
|  |  |
|  |  |
|  |  |
|  |  |

**2. Texas Office**. Supply the Texas office location information indicated below prior to providing retail electric service in Texas:

|  |  |
| --- | --- |
| Name in use at Texas office: |  |
| Street Address of Texas office: |  |
| City, State, Zip: |  |
| Telephone: |  |
|  |  |
| Email: |  |

**3. Service Area**. Please designate service area by selecting one of the options below.

**Option 1** – For LSEs defining service area by geography. Check only one of the following boxes and complete supplemental information, if any, to designate desired geographical service area:

The geographic area of the entire state of Texas.

A specific geographic area (including the zip codes applicable to that area), as follows (list them):      .

The service area of specific transmission and distribution utilities and/or Municipally Owned Utilities (MOUs) or Electric Cooperatives (ECs) in which competition is offered, as follows (list them):      .

The geographic area of ERCOT or other independent organization to the extent it is within Texas, as follows (name it):

**Option 2** – For LSEs defining service area by customers. Provide an attached list of each individual retail customer, by name, with who it has contracted to provide one megawatt (1 MW) or more of capacity, pursuant to subsection (d)(2)(A) of P.U.C. Subst. R. 25.107, Certification of Retail Electric Providers (REPs).

**Option 3** – For LSEs that sell electricity exclusively to a retail customer other than a small commercial consumer and residential customer from a Distributed Generation (DG) facility located on a site controlled by that customer.

**4. PUCT Certification.**

|  |  |
| --- | --- |
| Date Certificate granted: | Certificate Number: |

**PART IV – ADDITIONAL REQUIRED INFORMATION**

**1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State or otherwise designated as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation (DCAA), etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and Other Registrations**. Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) |
|  |  |  |
|  |  |  |
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**PART V – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**Attachment A – QSE Acknowledgment**

**Acknowledgment by Designated QSE for**

**Scheduling and Settlement Responsibilities with ERCOT**

The Applicant below has named the QSE listed below as its designated QSE to represent the Applicant for scheduling and Settlement transactions with ERCOT.

The Applicant’s designated QSE, listed below, hereby acknowledges that it does represent the Applicant and that it shall be responsible for the Applicant’s scheduling and Settlement transactions with ERCOT pursuant to the ERCOT Protocols.

The requested effective date for such representation is:      [[2]](#footnote-2)\*\*

or

Establish partnership at the earliest possible date

Acknowledgment by **QSE**:

|  |  |
| --- | --- |
| Signature of AR for QSE: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of Designated QSE: |  |
| DUNS of Designated QSE: |  |

Acknowledgment by **Applicant**:

|  |  |
| --- | --- |
| Signature of AR for MP: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of MP: |  |
| DUNS No. of MP: |  |

**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. Submit all changes and/or additional information by one of the following methods: 1) Market Information System (MIS); or 2) email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com).

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*) *that are Wide Area Network (WAN) Participants, sub-QSEs that are WAN Participants, 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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: |  | | | | | |  |  | | |
| Telephone: | |  | | |  | |  | | | |
| 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.

**ERCOT Nodal Protocols**

**Section 23**

**Form G: QSE Application and Service Filing for Registration Form**

**TBD**

**QUALIFIED SCHEDULING ENTITY (QSE)**

**APPLICATION AND SERVICE FILING FOR REGISTRATION**

This application is for approval as a Qualified Scheduling Entity (QSE) by Electric Reliability Council of Texas, Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)) for each QSE or Sub-QSE registered. ERCOT must also receive a background check fee in the amount of $350 per Applicant’s Principal via EFT (wire or ACH). All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

¹Defined in Section 2.1, Definitions.

**Check if Applying as an Emergency Response Service (ERS) Only QSE.**

**1. Authorized Representative (“AR”).** Defined in Section 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR.** *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR as defined in the ERCOT Protocols in the event the AR is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3. Type of Legal Structure.** (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:      .

**4. User Security Administrator (USA).** As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**5. Backup USA.** *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Cybersecurity.** This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. Control or Operations Center *(if applicable)*.** As defined in item (1)(n) of Section 16.2.1, Criteria for Qualification as a Qualified Scheduling Entity, the control or operations center is responsible for operational communications and shall have sufficient authority to commit and bind the QSE. For QSEs that are Wide Area Network (WAN) Participants, the availability of the control or operations center is 24-hour, seven-day-per-week.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Desk Name:** | | |  | | | | | | |
| **Address:** | |  | | | | | | | |
| **City:** |  | | | | **State:** |  | | **Zip:** |  |
| **Telephone:** | |  | | | | **Fax:** |  | | |
| **Email Address:** | | | |  | | | | | |

**8. Compliance Contact.** This person is responsible for compliance related issues.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**9. Proposed commencement date for service:**

**PART II – BANKING INFORMATION FOR FUNDS TRANSFERS**

**1. Banking Information.** Applicant must be able to conduct Electronic Funds Transfers (EFTs) for the settlement of financial transactions with ERCOT.

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Account Name:** |  |
| **Account No.:** |  |
| **ABA Number:** |  |

**2. Accounts Payable Contact (Settlement & Billing).**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**Backup Accounts Payable Contact (Settlement & Billing).** *(Optional)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**PART III – DECLARATION OF SUBORDINATE QSEs**

If the QSE intends to partition itself into Sub-QSEs, please enter information for each Sub-QSE below. If a Sub-QSE is required to have a 24x7 Control or Operation Center and will have a different Contact than the QSE, please provide that information in the spaces provided below. The Sub-QSE name must have a reference to the Legal Entity Name. For example: Legal Name of Market Participant (SQ1), Legal Name of Market Participant (SQ2), etc.

**Sub-QSE One (SQ1)**

**Name:**       **Proposed commencement date for service:**

**Contact information same?  Yes  No (If no, complete the section below)**

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

**Sub-QSE Two (SQ2)**

**Name:**       **Proposed commencement date for service:**

**Contact information same?  Yes  No (If no, complete the section below)**

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

**Sub-QSE Three (SQ3)**

**Name:**       **Proposed commencement date for service:**

**Contact information same?  Yes  No (If no, complete the section below)**

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

**Sub-QSE Four (SQ4)**

**Name:**       **Proposed commencement date for service:**

**Contact information same?  Yes  No (If no, complete the section below)**

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

**PART IV – ADDiTIONAL REQUIRED Information**

**1. Officers and Principals.** Provide the name of all officers and the name and position of each Principal, as defined by Section 16.1.2, Principal of a Market Participant, along with a current email address for each Principal. An individual background check will be performed on each Principal of the Applicant. In addition, ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation, etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant. *(Attach on additional pages.)*

**2. Affiliates and Other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

**3. Disclosures.** Provide the name of any Principal of the Applicant that is now, or was at any point in time, a Principal of any other Entity that is now, or was at any point in time, a registered ERCOT Market Participant, along with the name of the relevant ERCOT Market Participant and the dates during which the Principal of the Applicant was a Principal of the other Entity. *(Attach on additional pages.)*

In addition, provide the following disclosures involving Applicant, its predecessors, Affiliates, or Principals. *(Attach on additional pages.)*:

(a) Any civil or criminal matters involving the applicant, its predecessors, Affiliates, or Principals within the last ten years that resulted in a conviction or finding of fraud, theft, larceny, deceit, deceptive trade practices, or a violation of securities or customer protection laws;

(b) Any complaint, formal investigation, or disciplinary action concerning financial matters initiated by or with the Securities and Exchange Commission (SEC), Commodity Futures Trading Commission (CFTC), Federal Energy Regulatory Commission (FERC), a self-regulatory organization, Independent System Operator or Regional Transmission Organization, or a state public utility commission or securities board directly involving the actions of the applicant, its predecessors, Affiliates, or Principals within the last ten years;

(c) Any default involving the applicant, its predecessors, Affiliates, or Principals, that impacted or revoked the right to operate in any other energy market within the last ten years;

(d) Any bankruptcy by the applicant, its predecessors, Affiliates, or Principals within the last ten years; and

Finally, for each Principal, as defined by Section 16.1.2, ERCOT will work with the third-party that performs ERCOT’s background checks. Each Principal will then be emailed directly by the third-party with directions on securely providing the third-party with information necessary to perform a background check, including Principals’ Social Security numbers, birth dates, and home addresses for the last ten years.

**4. Counter-Party Credit Application.** Complete the Counter-Party Credit Application, located at http://www.ercot.com/services/rq/credit, and submit as instructed in conjunction with this application, in accordance with Section 16.2, Registration and Qualification of Qualified Scheduling Entities.

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) |
|  |  |  |
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**5. Annual Certification Form to Meet ERCOT Additional Minimum Participation.** Complete Section 22, Attachment J, Annual Certification Form to Meet ERCOT Additional Minimum Participation Requirements, and submit in conjunction with this application, pursuant to Section 16.16.3, Verification of Risk Management Framework.

**PART V – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**ERCOT Nodal Protocols**

**Section 23**

**Form I: Resource Entity Application for Registration**

**TBD**

**RESOURCE ENTITY**

**APPLICATION FOR REGISTRATION**

This application is for approval as a Resource Entity by the Electric Reliability Council of Texas, Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. The completed, executed application will be accepted by ERCOT via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)). All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

¹Defined in Section 2.1, Definitions.

**1. Authorized Representative (“AR”).** Defined in Section 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR.** *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3.** **Type of Legal Structure.** (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:      .

**4. User Security Administrator (USA).** As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**5. Backup USA.** *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Cybersecurity.** This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. Compliance Contact.** This person is responsible for compliance related issues.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**8. Proposed commencement date for service:**      .

**PART II – ADDiTIONAL REQUIRED Information**

**1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation, etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and Other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

**3. Qualified Scheduling Entity (QSE) Acknowledgment.** Provide all information requested in Attachment A and have the document executed by both parties. Resource Entities representing Generation Resources or Load Resources shall designate a QSE qualified to represent the Resources. Resource Entities with Settlement Only Generators (SOGs) shall designate any qualified QSE.

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) |
|  |  |  |
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**PART III – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**Attachment A – QSE Acknowledgment**

**Acknowledgment by Designated QSE for**

**Scheduling and Settlement Responsibilities with ERCOT**

The Applicant below has named the QSE listed below as its designated QSE to represent the Applicant for scheduling and Settlement transactions with ERCOT.

The Applicant’s designated QSE, listed below, hereby acknowledges that it does represent the Applicant and that it shall be responsible for the Applicant’s scheduling and Settlement transactions with ERCOT pursuant to the ERCOT Protocols.

The requested effective date for such representation is:      [[3]](#footnote-3)\*\*

or

Establish partnership at the earliest possible date

Acknowledgment by **QSE**:

|  |  |
| --- | --- |
| Signature of Authorized Representative (“AR”) for QSE: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of Designated QSE: |  |
| DUNS of Designated QSE: |  |

Acknowledgment by **Applicant**:

|  |  |
| --- | --- |
| Signature of AR for MP: |  |
| Printed Name of AR: |  |
| Email Address of AR: |  |
| Date: |  |
| Name of MP: |  |
| DUNS No. of MP: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [NPRR995: Replace Section 23, Form I above with the following upon system implementation:]  **RESOURCE ENTITY**  **APPLICATION FOR REGISTRATION**  This application is for approval as a Resource Entity by the Electric Reliability Council of Texas, Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. The completed, executed application will be accepted by ERCOT via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)). All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.  This application must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.  **PART I – ENTITY Information**   |  |  | | --- | --- | | **Legal Name of the Applicant:** |  | | **Legal Address of the Applicant:** | Street Address: | |  | City, State, Zip: | | **DUNS¹ Number:** |  |   ¹Defined in Section 2.1, Definitions.  **1. Authorized Representative (“AR”).** Defined in Section 2.1, Definitions.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **2. Backup AR.** *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **3.** **Type of Legal Structure.** (Please indicate only one.)  Individual  Partnership  Municipally Owned Utility  Electric Cooperative  Limited Liability Company  Corporation  Other:  If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:      .  **4. User Security Administrator (USA).** As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **5. Backup USA.** *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **6. Cybersecurity.** This contact is responsible for communicating Cybersecurity Incidents.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **7. Compliance Contact.** This person is responsible for compliance related issues.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name:** | | |  | | | |  |  | | | | **Telephone:** | |  | | | |  |  | | | | | **Email Address:** | | | |  | | | | | | |   **8. Proposed commencement date for service:**      .  **PART II – ADDiTIONAL REQUIRED Information**  **1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation, etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.  **2. Affiliates and Other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*  **3. Qualified Scheduling Entity (QSE) Acknowledgment.** Provide all information requested in Attachment A and have the document executed by both parties. Resource Entities representing Generation Resources or Load Resources shall designate a QSE qualified to represent the Resources. Resource Entities with Settlement Only Generators (SOGs) or Settlement Only Energy Storage Systems (SOESSs) shall designate any qualified QSE.   |  |  |  | | --- | --- | --- | | **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **PART III – SIGNATURE**  I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.   |  |  | | --- | --- | | Signature of AR, Backup AR or Officer: |  | | Printed Name of AR, Backup AR or Officer: |  | | Date: |  |   **Attachment A – QSE Acknowledgment**  **Acknowledgment by Designated QSE for**  **Scheduling and Settlement Responsibilities with ERCOT**  The Applicant below has named the QSE listed below as its designated QSE to represent the Applicant for scheduling and Settlement transactions with ERCOT.  The Applicant’s designated QSE, listed below, hereby acknowledges that it does represent the Applicant and that it shall be responsible for the Applicant’s scheduling and Settlement transactions with ERCOT pursuant to the ERCOT Protocols.  The requested effective date for such representation is:      [[4]](#footnote-4)\*\*  or  Establish partnership at the earliest possible date  Acknowledgment by **QSE**:   |  |  | | --- | --- | | Signature of Authorized Representative (“AR”) for QSE: |  | | Printed Name of AR: |  | | Email Address of AR: |  | | Date: |  | | Name of Designated QSE: |  | | DUNS of Designated QSE: |  |   Acknowledgment by **Applicant**:   |  |  | | --- | --- | | Signature of AR for MP: |  | | Printed Name of AR: |  | | Email Address of AR: |  | | Date: |  | | Name of MP: |  | | DUNS No. of MP: |  | |

**ERCOT Nodal Protocols**

**Section 23**

**Form J: Transmission and/or Distribution Service Provider Application for Registration**

**TBD**

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

**TRANSMISSION AND/OR DISTRIBUTION SERVICE PROVIDER (TDSP)**

**APPLICATION FOR REGISTRATION**

This application is for approval as a Transmission Service Provider (TSP), Distribution Service Provider (DSP), or both TSP and DSP by Electric Reliability Council of Texas, Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)). All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative (“AR”), Backup Authorized Representative or an Officer of the company listed herein, as appropriate.ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – Company Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

¹Defined in Section 2.1, Definitions.

**Type:** TSP  DSP  Both  as reflected on Standard Form Agreement

**1. Authorized Representative (“AR”).** Defined in Section 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR.** *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3. Type of Legal Structure.** (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:

**4. User Security Administrator (USA).** As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**4a.**  By checking this box, Applicant hereby requests that ERCOT evaluate Applicant’s eligibility to opt out of the requirement that Market Participant designate a USA and receive Digital Certificates, and affirms the following:

(a) Applicant is applying to register with ERCOT as either a Municipally Owned Utility (MOU) or an Electric Cooperative (EC), and as a DSP and/or Load Serving Entity (LSE).

(b) Applicant is not, and will not, be designated as a Transmission Operator (TO) with ERCOT.

(c) Applicant understands that by opting out, it will not be granted access to portions of the ERCOT Market Information System (MIS) that require Digital Certificate Access.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and begin receiving Digital Certificates by properly completing Section 23, Form E, Notice of Change of Information, and meeting the requirements under Section 16.12.

(e) If determined ineligible, Applicant must designate a USA, receive Digital Certificates and comply with requirements under Protocol Section 16.12.

**5. Backup USA.** *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

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| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Cybersecurity.** This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. TSP 24x7 Control or Operations Center.** As defined in the ERCOT Protocols, the 24x7Control or Operations Center is responsible for operational communications and shall have sufficient authority to commit and bind the TSP.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Desk Name:** | | |  | | | | | | |
| **Address:** | |  | | | | | | | |
| **City:** |  | | | | **State:** |  | | **Zip:** |  |
| **Telephone:** | |  | | | | **Fax:** |  | | |
| **Email Address:** | | | |  | | | | | |

**8. Compliance Contact.** This person is responsible for compliance related issues.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**PART II – ASSET REGISTRATION**

1. Provide Generation Load Metering Point and TDSP Read Generation information as required on the ERCOT Generation Load Metering Point(s) & TDSP Read Generation Registration Form. The form is located at <http://www.ercot.com/services/rq/tdsp/index.html>. The completed form should be attached to, and submitted with, the TDSP Registration Application.

2. Provide status of registering MOU or EC:

**Opt-In MOU or EC** – An EC or MOU that offers Customer Choice.

**Non-Opt-In Entity (NOIE)** – An EC or MOU that does not offer Customer Choice.

**PART III – ADDITIONAL REQUIRED INFORMATION**

**1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation (DCAA), etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | **Relationship**  (parent, subsidiary, partner, affiliate, etc.) |
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**PART IV – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |

**ERCOT Nodal Protocols**

**Section 23**

**Form M: Independent Market Information System Registered Entity (IMRE) Application for Registration**

**TBD**

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

**INDEPENDENT MARKET INFORMATION SYSTEM REGISTERED ENTITY (IMRE)**

**APPLICATION FOR REGISTRATION**

This application is for approval as an IMRE by the Electric Reliability Council of Texas Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to [MPRegistration@ercot.com](mailto:MPRegistration@ercot.com) (.pdf version). In addition to the application, ERCOT must receive an application fee in the amount of $500 via Electronic Funds Transfer (EFT) (wire or Automated Clearing House (ACH)). All payments should reference the applicant’s name and Data Universal Numbering System (DUNS) Number (DUNS #) in the remarks. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative, Backup Authorized Representative or an Officer of the company listed herein, as appropriate. ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – ENTITY Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |  |
| **Legal Address of the Applicant:** | Street Address: |
|  | City, State, Zip: |
| **DUNS¹ Number:** |  |

**¹**Defined in Section 2.1, Definitions.

**1. Authorized Representative (AR)**.Defined in Section 2.1, Definitions.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**2. Backup AR**. *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

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| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**3. Type of Legal Structure**. (Please indicate only one.)

Individual  Partnership  Municipally Owned Utility

Electric Cooperative  Limited Liability Company  Corporation

Other:

**If Applicant is not an individual, provide the state in which the Applicant is organized,** **, and the date of organization:**

**4. Professional or Business Purpose for IMRE Registration:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. User Security Administrator (USA)**.As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

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| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**6. Backup USA**. *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

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| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**7. Cybersecurity**. This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | | | |  |  | | |
| **Telephone:** | |  | | | |  |  | | | |
| **Email Address:** | | | |  | | | | | | |

**PART II – ADDiTIONAL REQUIRED Information**

**1. Officers.** ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State or otherwise designated as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (SFA), Amendment to the SFA, Digital Certificate Audit Attestation, etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and Other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**  (or name used for other ERCOT registration) | **Type of Legal Structure**  (partnership, limited liability company, corporation, etc.) | ***Relationship***  (parent, subsidiary, partner, affiliate, etc.) |
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**PART III – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| **Signature of AR, Backup AR or Officer:** |  |
| **Printed Name of AR, Backup AR or Officer:** |  |
| **Date:** |  |

1. \*\**Actual effective date will depend on time needed to implement the relationship in ERCOT systems once ERCOT has received all necessary information (a minimum of three Business Days) and may be later than the requested effective date. ERCOT will notify the parties of the actual effective date*. [↑](#footnote-ref-1)
2. \*\* *Actual effective date will depend on time needed to implement the relationship in ERCOT systems once ERCOT has received all necessary information (a minimum of three Business Days), and may be later than the requested effective date. ERCOT will notify the parties of the actual effective date*. [↑](#footnote-ref-2)
3. \*\* *Actual effective date will depend on time needed to implement the relationship in ERCOT systems once ERCOT has received all necessary information (a minimum of three Business Days), and may be later than the requested effective date. ERCOT will notify the parties of the actual effective date*. [↑](#footnote-ref-3)
4. \*\* *Actual effective date will depend on time needed to implement the relationship in ERCOT systems once ERCOT has received all necessary information (a minimum of three Business Days), and may be later than the requested effective date. ERCOT will notify the parties of the actual effective date*. [↑](#footnote-ref-4)