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| **Texas SET Change Control Request Form**  **Change Control Number: 2024 -848**  **Implementation Version: v5.0** |

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

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| **Submitter Name:**  **Kathy Scott** | **Submitting Company Name:**  CenterPoint Energy | **Phone Number:**  713-582-8654 |
| **Date of Submission:**  January 30, 2024 | **Affected TX SET Transaction(s):**  650\_01, 814\_01, 814\_04, 814\_05, 814\_14, 814\_28, 814\_PC  T0 Outage Status Request,  T1 Trouble Reporting Request,  T2 Trouble Report Acknowledgement,  T3 Outage Status Response and  T4 Trouble Completion Report. | **Submitter’s E-Mail Address:**  Kathy.Scott@CenterPointEnergy.com |
| **Texas SET Issue cross-reference number:** N/A | Protocol Impact (Y/N):  N |
| **Detailed Description and Reason for Proposed Change(s):**  To prevent transactional processing delays created when Market Participants’ reject TX SET transactions’ N402 “State or Province Code” populated with lowercase letter(s). This change control provides clarification by adding graybox language that “***State or Province Code(s) will only contain uppercase letters (A to Z) and if applicable digits (0-9). Note that punctuation (spaces, dashes, etc.) must be excluded***.” to the N402 data elements for the following transactions and N4 segments. Also, clarified “**State Code**” must be uppercase when applied to any of the Outage Option 1 T-Series transactions.   |  |  |  | | --- | --- | --- | | **Transaction** | **Transaction or Segment Name** | **Data Element** | | **650\_01** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_01** | **N4** Customer Notification Mailing Address | **N402** State or Province Code | | **814\_04** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_05** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_14** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_28** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_PC** | **N4** Customer Billing Address | **N402** State or Province Code | | **T0\_Series** | **Outage Status Request** Transaction | **State Code** | | **T1\_Series** | **Trouble Reporting Request** Transaction | **State Code** | | **T2\_Series** | **Trouble Report Acknowledgement** Transaction | **State Code** | | **T3\_Series** | **Outage Status Report** Transaction | **State Code** | | **T4\_Series** | **Trouble Completion Report** Transaction | **State Code** | | | |
| **NOTE:** Requester must complete above fields and include a redlined example of modifications to each impacted implementation guide. This must be included at the time the request form is submitted.  **Please submit this completed form via e-mail to**[txsetchangecontrol@ercot.com](mailto:txsetchangecontrol@ercot.com) and RMS Chair***.*** | | |

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

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| **Texas SET Recommendation:** | **Recommendation for Emergency (Y/N):** | **Date of TX SET Recommendation:** |
| **Detailed Description and Reason for Revision:** | | |
| **RMS Decision:** | **Emergency (Y/N):** | **Date of RMS Decision:** |
| **Summary of RMS Discussion:** | | |

   

   

   