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| **Texas SET Change Control Request Form**  **Change Control Number: 2024 -849**  **Implementation Version: Future** |

**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):**  814\_01, 814\_03, 814\_04, 814\_05, 814\_14, 814\_16, 814\_20, 814\_22, 814\_24 | **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):**  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.    **NOTE**: If recommended for approval by TX SET and approved by RMS, this Change Control would be scheduled for a future TX SET Version Release since ERCOT doesn’t currently validate these data elements within the applicable SET Guide listed below. If included into v5.0 Release, this level of validation would result into a cost increase to ERCOT’s project and may jeopardize the TX SET v5.0 planned implementation date currently scheduled for November 10, 2024.   |  |  |  | | --- | --- | --- | | **Transaction** | **Transaction or Segment Name** | **Data Element** | | **814\_01** | **N4** Customer Billing Address | **N402** State or Province Code | | **814\_03** | **N4** Customer Billing Address | **N402** State or Province Code | | **814\_04** | **N4** Special Needs Emergency Contact Mailing Address | **N402** State or Province Code | | **814\_05** | **N4** Special Needs Emergency Contact Mailing Address | **N402** State or Province Code | | **814\_14** | **N4** Customer Billing Address | **N402** State or Province Code | | **814\_14** | **N4** Special Needs Emergency Contact Mailing Address | **N402** State or Province Code | | **814\_16** | **N4** Customer Notification Mailing Address | **N402** State or Province Code | | **814\_16** | **N4** Customer Billing Address | **N402** State or Province Code | | **814\_20** | **N4** Customer Service Address | **N402** State or Province Code | | **814\_20** | **N4** Special Needs Emergency Contact Mailing Address | **N402** State or Province Code | | **814\_22** | **N4** Special Needs Emergency Contact Mailing Address | **N402** State or Province Code | | **814\_24** | **N4** Customer Billing Address | **N402** State or Province 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:** | | |

   

   

