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| NPRR Number | [1302](https://www.ercot.com/mktrules/issues/NPRR1302) | NPRR Title | Addition of a Market Participant ServicePortal within the MIS Certified Area and Revision of Forms |
| Date of Decision | October 8 2025 |
| Action | Tabled |
| Timeline  | Normal |
| Proposed Effective Date | To be determined |
| Priority and Rank Assigned | To be determined |
| Nodal Protocol Sections Requiring Revision  | 1.3.2.1, Items Considered ERCOT Critical Energy Infrastructure Information3.1.4.1, Single Point of Contact16.1.4 Market Participant Reporting of Critical Electric Grid Equipment and Services-Related Purchases16.12, User Security Administrator and Digital Certificates16.12.1, USA Responsibilities and Qualifications for Digital Certificate Holders16.12.2, Requirements for Use of Digital Certificates16.12.3, Market Participant Audits of User Security 16.12.4, ERCOT Audit - Consequences of Non-compliance Administrators and Digital Certificates16.18, Cybersecurity Incident NotificationSection 23 Form A: Congestion Revenue Right (CRR) Account Holder Application for RegistrationSection 23 Form B: Load Serving Entity (LSE) Application for Registration[Section 23 Form E: Notice of Change of Information](https://www.ercot.com/files/docs/2022/02/01/23E-050124_Nodal.docx) Section 23 Form G: QSE Application and Service Filing for Registration FormSection 23 Form I: Resource Entity Application for RegistrationSection 23 Form J: Transmission and/or Distribution Service Provider Application for RegistrationSection 23 Form K: Wide Area Network (WAN) AgreementSection 23 Form L: Digital Certificate Audit AttestationSection 23 Form M: Independent Market Information System Registered Entity (IMRE) Application for Registration[Section 23 Form S: Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company or LSIPA Designated Country](https://www.ercot.com/files/docs/2024/04/30/23S-050124_Nodal.docx) |
| Related Documents Requiring Revision/Related Revision Requests | Digital Certificate User Guide Digital Certificate Opt-Out Form |
| Revision Description | This Nodal Protocol Revision Request (NPRR) introduces a new portal for Market Participants (the Market Participant Service Portal) designed to automate interactions between ERCOT and Market Participants currently managed via email-based communications and manual processes over the next few years. This NPRR changes Protocol language to require Market Participants to submit certain forms to ERCOT directly through the online portal, rather than submitting those forms via email, with the long-term goal being that all forms from MPs would eventually be submitted through the Market Participant Service Portal rather than submitted via email. Specifically, his NPRR moves the submission of [Section 23 Form E: Notice of Change of Information](https://www.ercot.com/files/docs/2022/02/01/23E-050124_Nodal.docx), and [Section 23 Form S: Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company or LSIPA Designated Country](https://www.ercot.com/files/docs/2024/04/30/23S-050124_Nodal.docx) to the Market Participant Service Portal. These previously emailed forms will now be entered by MPs directly into the new portal. The forms themselves are proposed to remain in the Protocols so that Market Participants can see a visual of the information they will be prompted to enter into the portal. User access to the new Market Participant Service Portal will be managed via multi-factor authentication (not Digital Certificates) with User Security Administrators (USAs) responsible for access management (just as they manage Market Information System (MIS) access today) except for portions of the Market Participant Service Portal required to perform the duties of Authorized Representatives (ARs). Access for ARs and USAs will be managed by ERCOT and will continue for as long as the MP is active. ARs for MPs that opt-out of MIS access will be able to use the portion of the new portal that allows an MP’s Authorized Representatives (ARs) to receive communication from ERCOT and submit forms such as a Notice of Change of Information. Additionally, this NPRR corrects some misinformation in the Protocols. Specifically, the Resource Integration and Ongoing Operations (RIOO) system does require a Digital Certificate. Therefore, current Protocol language stating to the contrary and indicating that access to RIOO does not require digital certificates and that the USA *may* not be responsible for managing a Market Participant’s access to RIOO will be corrected. Finally, this NPPR corrects some forms to reflect that it is not necessary for an officer registered with the Texas Secretary of State’s Office to sign the annual Audit Attestation regarding MIS Access, making those forms consistent with the requirements in Section 16 that allow non-officers, such as a Market Participant employee, to sign the attestation.  |
| Reason for Revision |  [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 1 – Be an industry leader for grid reliability and resilience [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 2 - Enhance the ERCOT region’s economic competitiveness with respect to trends in wholesale power rates and retail electricity prices to consumers [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 3 - Advance ERCOT, Inc. as an independent leading industry expert and an employer of choice by fostering innovation, investing in our people, and emphasizing the importance of our mission General system and/or process improvement(s) Regulatory requirements ERCOT Board/PUCT Directive*(please select ONLY ONE – if more than one apply, please select the ONE that is most relevant)* |
| Justification of Reason for Revision and Market Impacts | This NPRR initiates the automation of outdated email-based form submissions by Market Participants to ERCOT, facilitating streamlined digital processing of these submissions. The initial focus is on Market Participant data changes and compliance attestations via the online Market Participant Service Portal. This update supports ERCOT’s modernization efforts by reducing administrative costs, minimizing email-based risks, and decreasing manual data processing errors. ERCOT’s long-term goal is to move additional forms to submittal through the Market Participant Service Portal. |
| PRS Decision | On 10/8/25, PRS voted unanimously to table NPRR1302. All Market Segments participated in the vote. |
| Summary of PRS Discussion | On 10/8/25 ERCOT Staff reviewed NPRR1302 and presented information on the development of a Market Participant Service Portal within the MIS Certified Area. Participants discussed Digital Certificates and multi-factor identification, expressed concern that ERCOT may be unnecessarily taking on liability for the management of identities, suggested that ERCOT Staff meet with the Critical Infrastructure Protection Working Group (CIPWG) and requested workshops and training before the portal is implemented. Participants requested additional time to review NPRR1302. |

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| **Opinions** |
| **Credit Review** | To be determined |
| **Independent Market Monitor Opinion** | To be determined |
| **ERCOT Opinion** | To be determined |
| **ERCOT Market Impact Statement** | To be determined |

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| Sponsor  |
| Name | Ted Hailu / Katherine Gross / Amy Loera |
| E-mail Address | ted.hailu@erct.com / katherine.gross@ercot.com/ amy.loera@ercot.com  |
| Company | ERCOT |
| Phone Number | 512-431-8494 / 512- 225-7184 / 512- 225-7026 |
| Cell Number |  |
| Market Segment | Not Applicable |

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| **Market Rules Staff Contact** |
| **Name** | Brittney Albracht |
| **E-Mail Address** | Brittney.Albracht@ercot.com  |
| **Phone Number** | 512-225-7027 |

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| **Comments Received** |
| **Comment Author** | **Comment Summary** |
| None |  |

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| Market Rules Notes |

Please note that the following NPRR(s) also propose revisions to the following Section(s):

* NPRR1287, Gap Resolutions and Clarifications for the Implementation of RTC+B
	+ Section 3.1.4.1

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| Proposed Protocol Language Revision |

1.3.2.1 Items Considered ERCOT Critical Energy Infrastructure Information

(1) ECEII includes but is not limited to the following, so long as such information has not been disclosed to the public through lawful means:

(a) Detailed ERCOT System Infrastructure locational information, such as Global Positioning System (GPS) coordinates;

(b) Information that reveals that a specified contingency or fault results in instability, cascading or uncontrolled separation;

(c) Studies and results of simulations that identify cyber and physical security vulnerabilities of ERCOT System Infrastructure;

(d) Black Start Service (BSS) test results, individual Black Start Resource start-up procedures, cranking paths, and ERCOT and individual TSP Black Start plans;

(e) Information contained in Section 1.B. and Exhibit 1 to the Standard Form Black Start Agreement (Section 22, Attachment D, Standard Form Black Start Agreement), except for the Hourly Standby Price, Notice, and Certification sections. This includes, without limitation, the following information that could identify a Generation Resource as a Black Start Resource:

(i) Resource name;

(ii) Resource ID;

(iii) County where the Resource is located;

(iv) Interconnected substation;

(v) Resource MW capability; and

(vi) Tested next start units;

(f) Emergency operations plans, including ERCOT’s emergency operations plan and any emergency operations plan submitted to ERCOT pursuant to any PUCT rule or North American Electric Reliability Corporation (NERC) Reliability Standard;

(g) Detailed ERCOT Transmission Grid maps, other than maps showing only small portions of the ERCOT Transmission Grid such as those included in Regional Planning Group (RPG) Project ERCOT Independent Review reports;

(h) Detailed diagrams or information about connectivity between ERCOT’s and other Entities’ computer and telecommunications systems, such as internet protocol (IP) addresses, media access control (MAC) addresses, network protocols, and ports used;

(i) Information reflected in Section 23, Form S, Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company or LSIPA Designated Country, submitted to ERCOT within the MIS Certified Area that:

(i) Identifies Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) purchased from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company;

(ii) Describes how such purchase of CEGE or CEGS relates to the operation of the grid;

(iii) Provides an attestation as to whether such purchase of CEGE or CEGS will result in access to or control of CEGE by an LSIPA Designated Company or LSIPA Designated Country; or

(iv) Identifies any measures taken to ensure that the purchase of CEGE or CEGS will not result in access to or control of CEGE by an LSIPA Designated Company or LSIPA Designated Country; and

(j) Any information that is clearly designated as ECEII in writing by the Disclosing Party at the time the information is provided to Receiving Party, subject to the procedures set forth in paragraph (3) of Section 1.3.2.2, Submission of ERCOT Critical Energy Infrastructure Information to ERCOT.

3.1.4.1 Single Point of Contact

(1) All communications concerning a Planned Outage, Maintenance Outage, or Rescheduled Outage must be between ERCOT and the designated “Single Point of Contact” for each TSP or Resource Entity. All nonverbal communications concerning Planned Outages or Rescheduled Outages must be conveyed through an electronic interface as specified by ERCOT. The TSP or Resource Entity shall identify, in its initial request or response, the Single Point of Contact, with primary and alternate means of communication. The Resource Entity or TSP shall submit the information reflected in the Notice of Change of Information (NCI) form (Section 23, Form E, Notice of Change of Information) via the MIS Certified Area when changes occur to a Single Point of Contact. This identification must be confirmed in all communications with ERCOT regarding Planned Outage, Maintenance Outage, or Rescheduled Outage requests.

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| ***[NPRR857: Replace paragraph (1) above with the following upon system implementation and satisfying the following conditions: (1) Southern Cross provides ERCOT with funds to cover the entire estimated cost of the project; and (2) Southern Cross has signed an interconnection agreement with a TSP and the TSP gives ERCOT written notice that Southern Cross has provided it with: (a) Notice to proceed with the construction of the interconnection; and (b) The financial security required to fund the interconnection facilities:]***(1) All communications concerning a Planned Outage, Maintenance Outage, or Rescheduled Outage must be between ERCOT and the designated “Single Point of Contact” for each TSP, DCTO, or Resource Entity. All nonverbal communications concerning Planned Outages or Rescheduled Outages must be conveyed through an electronic interface as specified by ERCOT. The TSP, DCTO, or Resource Entity shall identify, in its initial request or response, the Single Point of Contact, with primary and alternate means of communication. The Resource Entity, TSP, or DCTO shall submit the information reflected in the Notice of Change of Information (NCI) form (Section 23, Form E, Notice of Change of Information) via the MIS Certified Area when changes occur to a Single Point of Contact. This identification must be confirmed in all communications with ERCOT regarding Planned Outage, Maintenance Outage, or Rescheduled Outage requests. |

(2) The Single Point of Contact must be either a person or a position available seven days per week and 24 hours per day for each Resource Entity and TSP. The Resource Entity shall designate its QSE as its Single Point of Contact. The designated Single Point of Contact for a Generation Resource that has been split into two or more Split Generation Resources shall be the Master QSE. The Single Point of Contact for the TSP must be designated under the ERCOT Operating Guides.

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| ***[NPRR857: Replace paragraph (2) above with the following upon system implementation and satisfying the following conditions: (1) Southern Cross provides ERCOT with funds to cover the entire estimated cost of the project; and (2) Southern Cross has signed an interconnection agreement with a TSP and the TSP gives ERCOT written notice that Southern Cross has provided it with: (a) Notice to proceed with the construction of the interconnection; and (b) The financial security required to fund the interconnection facilities:]***(2) The Single Point of Contact must be either a person or a position available seven days per week and 24 hours per day for each Resource Entity, TSP, or DCTO. The Resource Entity shall designate its QSE as its Single Point of Contact. The designated Single Point of Contact for a Generation Resource that has been split into two or more Split Generation Resources shall be the Master QSE. The Single Point of Contact for each TSP and DCTO must be designated under the ERCOT Operating Guides. |

16.1.4 Market Participant Reporting of Critical Electric Grid Equipment and Services-Related Purchases

(1) As a condition of registering and maintaining registration with ERCOT as a Market Participant, an Entity shall report to ERCOT the purchase, lease, or receipt (referred to in this Section as a “purchase”) of any Critical Electric Grid Equipment (CEGE) or Critical Electric Grid Services (CEGS) that the Entity knows to be from an LSIPA Designated Company or an LSIPA Designated Country. This includes, but is not limited to, a purchase of CEGE or CEGS that were manufactured, produced, created, or otherwise provided by a company known to the Entity to be an LSIPA Designated Company and subsequently sold to the Entity by a non-LSIPA Designated Company.

(a) As used in this Section 16.1.4 and Section 23, Form S, Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company or LSIPA Designated Country, the terms “knows,” “known,” and “knowledge” refer to the Entity’s actual knowledge or knowledge that the Entity could have obtained through reasonable inquiry with respect to any clearly evident, non-obscure information indicating that the equipment or service was manufactured, produced, created, or otherwise provided by an LSIPA Designated Company.

(b) If the Entity obtains a contractual representation (or either a letter of attestation or a contractual representation if the purchase was made before June 8, 2023) from the seller of CEGE or CEGS that the equipment or services were not manufactured, produced, created, or otherwise provided by an LSIPA Designated Company, then absent some clearly evident, non-obscure information raising such suspicion, this Section 16.1.4 does not require the Entity to conduct diligence or otherwise inquire as to the identity or location of the manufacturer, producer, or creator of the CEGE or CEGS that the Entity purchases or any component parts thereof. For the avoidance of doubt, this subsection does not create or suggest a requirement not otherwise imposed by this Section 16.1.4.

(c) If a Market Participant or an Entity applying for registration purchases CEGE from a non-LSIPA Designated Company and clearly evident, non-obscure information indicates that such equipment has a part or component (which itself has routable connectivity) that originated from an LSIPA Designated Company or LSIPA Designated Country, then such part or component shall be reported via the MIS Certified Area as reflected in Section 23, Form S, but in Subsections 2(a)-(b) of Section 23, Form S, the Entity or Market Participant is only required to provide the following information for the part or component:

(i) A general description of the part or component;

(ii) The name of the LSIPA Designated Country from which the part or component originated; and

(iii) The name of the LSIPA Designated Company from which the part or component originated, unless the Market Participant or Entity applying for registration does not actually know the name of the LSIPA Designated Company.

(d) For each reported purchase made after June 8, 2023, the Market Participant or Entity applying for registration shall attest that the purchase will not result in access to or control of CEGE by an LSIPA Designated Company or an LSIPA Designated Country, excluding access specifically allowed by the Market Participant or Entity applying for registration for product warranty and support purposes.

(e) For any purchases made before June 8, 2023, the Market Participant or Entity applying for registration shall take reasonable and necessary actions to mitigate access to or control of its CEGE by a company known to the Entity to be an LSIPA Designated Company or an LSIPA Designated Country, excluding access specifically allowed by the Market Participant or Entity applying for registration for product warranty and support purposes, and shall report those actions, as reflected in Section 23, Form S, to ERCOT via the MIS Certified Area.

(2) Market Participants and Entities applying for registration with ERCOT shall submit an initial report and attestation via the MIS Certified Area, as reflected in Section 23, Form S identifying any purchase described in paragraph (1) above that occurred during the following time periods:

(a) For a Market Participant, purchase(s) that were made after June 18, 2021. This initial report and attestation shall be submitted by October 28, 2024;

(b) For a Market Participant, purchase(s) that were made between June 8, 2018 through June 18, 2021. This initial report and attestation shall be submitted by December 15, 2024; and

(c) For an Entity applying for registration with ERCOT, purchase(s) that were made within the five years preceding the date on which the Entity signed the Standard Form Agreement. This initial report and attestation must be submitted before ERCOT may approve registration.

(3) A Market Participant shall submit a report and attestation via the MIS Certified Area, as reflected in Section 23, Form S, identifying any purchase(s) described in paragraph (1) above that occur after the date(s) of the purchases reported pursuant to paragraph (2) above and that have not already been reported pursuant to this Section.

(4) Reports and attestations submitted pursuant to paragraph (3) above shall be submitted within 180 days of the date of the purchase.

16.12 User Security Administrator and Access to the MIS

(1) Each Market Participant is allowed access to the ERCOT Market Information System (MIS) upon execution of the Standard Form Market Participant Agreement (as provided for in Section 22, Attachment A, Standard Form Market Participant Agreement), and completion of applicable registration and qualification requirements.

(2) A User Security Administrator (USA) is responsible for managing the Market Participant’s access to the MIS except for portions of the MIS required to perform the duties of an Authorized Representative Each Market Participant must, as part of the application for registration with ERCOT, designate an individual employee or authorized agent as its USA, and optionally, a backup USA. If a Market Participant has designated a backup USA and the primary USA fails to perform, or is unable to perform, the functions required of a USA, then the backup USA shall perform any and all functions required of the primary USA. The Market Participant is responsible for revising its USA list as the need arises. The Market Participant’s USA is responsible for registering all MIS users and administering their access to the MIS on behalf of the Market Participant. ERCOT Critical Energy Infrastructure Information (ECEII) posted on the Market Information System (MIS) Secure or Certified Area may be accessed only by those individuals that are authorized access to ECEII by the USA in accordance with the ERCOT Identity and Access Management User Guide posted on the ERCOT website. Each Market Participant with more than one ERCOT functional registration must designate a USA for each registration (which may be the same employee or authorized agent) and shall manage each registration separately for the purposes of this Section. Once the Market Participant completes registration requirements, ERCOT shall send the USA a copy of the ERCOT Identity and Access Management User Guide.

(3) Only Market Participants registered 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), may be eligible to opt out of designating a USA and access to the MIS if the Market Participant demonstrates to ERCOT’s satisfaction that it does not need access to the MIS to perform its obligations under the ERCOT Protocols, market guides, or other applicable rules. In addition, Comision Federal de Electricidad (CFE) may be eligible to opt out of designating a USA and receiving access to the MIS upon demonstrating to ERCOT’s satisfaction that it does not need a access to the MIS to perform its obligations under the ERCOT Protocols, market guides, or other applicable rules. Authorized Representatives for Market Participants that opt out of designating a USA and access to the MIS shall continue to have access to portions of the MIS required to perform the duties of an Authorized Representative during the opt out period, such as updates to registration information.

(4) An eligible Market Participant that wishes to opt out of designating a USA and access to the MIS shall submit a request form, found on the ERCOT website, confirming its desire to opt out subject to ERCOT’s review and approval. ERCOT will notify the requesting Market Participant of its approval or disapproval of the request within 14 Business Days. ERCOT may subsequently revoke, at its sole discretion, Market Participant’s election to opt out if the Market Participant’s lack of access to the MIS causes administrative burdens or reliability concerns. ERCOT will send notice of revocation to the Market Participant who will have ten Business Days to submit to ERCOT, via the MIS Certified Area, the information reflected in the Notice of Change of Information (NCI) form (Section 23, Form E, Notice of Change of Information) . Once the NCI is submitted, ERCOT will grant the Market Participant access to the MISin the same manner as a new Market Participant.

(5) Market Participants that have received approval from ERCOT to opt out of designating a USA and access to the MIS are not excused from obligations under the ERCOT Protocols, other than the obligations required in this Section 16.12 regarding access to the MIS. Market Participants who opt out shall still be required to submit the MIS Access Audit Attestation (MAAA) required by paragraph (2) of Section 16.12.3, Market Participant Audits of User Security Administrators and MIS Access, for the portion of the year, if any, during which they had a USA and access to the MIS.

(6) A Market Participant that has been granted approval by ERCOT to opt out of designating a USA and accessing the MIS will not have access to the MIS except for portions of the MIS required to perform the duties of an Authorized Representative. A Market Participant that has been granted approval by ERCOT to opt out of designating a USA and accessing the MIS may, at any time, cancel its opt-out status by submitting the information reflected in the NCI form (Section 23, Form E) via the MIS Certified Area .

16.12.1 USA Responsibilities and Qualifications for User Access to the MIS

(1) The USA and the Market Participant are responsible for the following:

(a) Requesting access to the MIS for authorized MIS users (either persons or programmatic interfaces) that the USA has qualified through an appropriate screening process requiring confirmation that the user is an employee or authorized agent (including third parties) of the Market Participant. Each user (including the USA) must be qualified as set forth below. The Market Participant shall be liable for ensuring that each of its MIS users meets the requirements of (i) – (v) below.

(i) For any employee or authorized agent receiving access to the MIS, the Market Participant shall confirm that the employee or authorized agent satisfies reasonable background review sufficient for employment or contract with the Market Participant so as to reasonably limit threat(s) to ERCOT’s market or computer systems. The Market Participant may not request that access to the MIS be issued to any employee or authorized agent that it determines, after reasonable background review, poses a threat to ERCOT’s market or computer systems.

(ii) The MIS user is aware of the rules and restrictions relating to the access to the MIS.

(iii) The MIS user is eligible to review and receive technology and software under applicable export control laws and regulations. ERCOT shall post links to such laws and regulations on the ERCOT website.

(iv) The Market Participant has conducted a reasonable review of the MIS user and has confirmed that the MIS user is not on any U.S. terrorist threat lists such as the Consolidated Screening List or the Federal Bureau of Investigation Most Wanted Terrorists List. ERCOT will post links to relevant lists on the ERCOT website.

(v) The MIS user does not violate the conditions of use specified by the software vendor that provides access to the MIS for the Market Participant’s use and provided to the MIS user. ERCOT will post links to relevant conditions of use on the ERCOT website.

(b) Requesting revocation of access to the MIS. The Market Participant or USA shall request revocation of access to the MIS by proceeding with the ERCOT MIS Access revocation process as described in the ERCOT Identity and Access Management User Guide. The Market Participant or USA shall request revocation of access to the MIS under any of the following conditions:

(i) As soon as possible but no later than three Business Days after:

(A) An MIS user ceases employment with the Market Participant; or

(B) The Market Participant becomes aware that an MIS user is changing job functions (pursuant to a reasonable process for identifying when job function changes occur) so that the MIS user no longer needs access to the MIS;

(ii) As soon as possible, but no later than five Business Days, after the Market Participant becomes aware (pursuant to a reasonable process for identifying violations) that the MIS user has violated any of the following conditions of access to the MIS:

(A) Violating the requirements if any of paragraph (1)(a)(i) – (v) above;

(B) Using access to the MIS for any unauthorized purpose; or

(C) Allowing any person other than the MIS user to access the MIS.

(c) Managing the level of access for each MIS user by assigning and maintaining MIS user roles for each authorized user in accordance with the process set forth in ERCOT’s Identity and Access Management User Guide.

(d) Requesting annual renewal of Digital Certificates, which expire after one year.

(e) If needed, issuing Digital Certificates for use by electronic systems not limited to servers.

1. Maintaining the integrity of the administration of access to the MIS through consistent, sound and reasonable business practices.

16.12.2 Requirements for Use of Access to the MIS

(1) Use of access to the MIS must comply with the following:

(a) Access to the MIS shall be used by only one individual and may not be shared. If multiple employees or authorized agents share a computer and each requires access to the MIS, the USA shall request separate access to the MIS for each. Multiple Digital Certificates may be installed and managed on a single computer. ERCOT shall include instructions on how to manage multiple Digital Certificates in the ERCOT Identity and Access Management User Guide.

(b) Access to the MIS may not be traded or sold.

(c) Electronic equipment on which the Digital Certificate resides must be physically and electronically secured in a reasonable manner to prevent improper use of the Digital Certificate.

(d) The Market Participant is wholly responsible for all access to the MIS granted by its USA.

16.12.3 Market Participant Audits of User Security Administrators and MIS Access

(1) During September of each year, each Market Participant that has been granted access to the MIS shall generate a list of its registered USA and MIS users. The Market Participant, through its USA or another authorized third party, shall perform an audit by reviewing the list and noting any inconsistencies or instances of non-compliance (including, for example, any MIS user that may have changed job functions and no longer requires access to the MIS). If the Market Participant or its USA or the authorized third party identifies discrepancies, the USA shall use the process for managing access to the MIS as included in ERCOT’s Identity and Access Management user guide to rectify the discrepancy. The audit must, at a minimum confirm that:

(a) The Market Participant and each listed USA and user(s) meet the applicable requirements of paragraph (1)(a) of Section 16.12.1, USA Responsibilities and Qualifications for MIS User Access to the MIS, and are not subject to any of the conditions that would require revocation as described in paragraph (1)(b) of Section 16.12.1;

(b) Each listed USA and MIS user is currently employed by or is an authorized agent contracted with the Market Participant;

(c) The Market Participant has verified that the listed USA is authorized to be the USA;

(d) Each user is authorized to retain access to the MIS; and

(e) Each listed MIS user needs access to the MIS to perform his or her job functions.

(2) By October 1 of each year, a Market Participant shall submit to ERCOT a MIS Access Audit Attestation (MAAA)(as provided for in Section 23, Form L, MIS Access Audit Attestation) from an individual who: (a) is an officer, executive, or employee of the Market Participant or of an Affiliate of the Market Participant; and (b) has authority to bind the Market Participant. The attestation shall certify that:

(a) The Market Participant has complied with the requirements of the audit;

(b) The Market Participant has verified that all access to the MIS was granted to MIS users authorized by the Market Participant’s USA. If the MIS users no longer meet the criteria in paragraph (1)(a) of Section 16.12.1, the USA shall inform ERCOT as described in paragraph (1)(b) of Section 16.12.1 and note the findings in the response; and

(c) The USA and all MIS users have been qualified through a reasonable screening process and background review required by paragraphs (1)(a)(i)-(v) of Section 16.12.1.

(3) If a Market Participant cannot comply with the October 1 deadline at the time this Section first applies to the Market Participant, the Market Participant shall request an extension of the deadline by providing ERCOT a written explanation of why it cannot meet the deadline. The explanation must include a plan and timeline for compliance not to exceed six months from the original deadline. ERCOT shall review that extension request and notify the Market Participant if the request is approved or denied. ERCOT may approve no more than one extension request per Market Participant.

(4) By December 1 of each year, ERCOT shall acknowledge receipt of each MAAA audit received and indicate whether any required information is missing from the MAAA .

***16.12.4 ERCOT Audit - Consequences of Non-compliance***

(1) ERCOT, or its designee, shall review the MAAA submitted under Section 16.12.3, Market Participant Audits of User Security Administrators and MIS Access, and may audit the Market Participant for compliance with the provisions of this Section 16.12, User Security Administrator and Access to the MIS. The Market Participant shall cooperate fully with ERCOT in such audits.

(2) On or about December 15 of each year, ERCOT shall report to the Public Utility Commission of Texas (PUCT) all Market Participants failing to properly perform and/or submit complete MAAA(s) as described in Section 16.12.3 or non-compliance with Section 16.12.3.

(3) ERCOT, after providing notice to the Market Participant and PUCT Staff, may disqualify the Market Participant’s USA and/or revoke any or all access to the MIS by the Market Participant if:

(a) The Market Participant does not properly and timely perform the audit;

(b) ERCOT discovers non-compliance; or

(c) The Market Participant does not timely request revocation of its access to the MIS for unauthorized MIS users.

(4) ERCOT’s decision to disqualify a Market Participant’s USA or revoke a Market Participant’s access to the MIS as described above is subject to the following:

(a) A Market Participant’s access to the MIS may not be revoked unless the Market Participant is given a reasonable opportunity to work with ERCOT to resolve the reason for revocation;

(b) A Market Participant’s USA may not be disqualified unless it is given a reasonable opportunity to authorize a new USA and request or authorize access to the MIS for new MIS users as necessary to prevent disruption of the Market Participant’s business; and

(c) A Market Participant may dispute ERCOT’s decision to disqualify the Market Participant’s USA and/or revoke its access to the MIS through the Alternative Dispute Resolution (ADR) Procedure in accordance with Section 20, Alternative Dispute Resolution Procedure, and may appeal the result of the ADR process to the PUCT as provided in Section 20.

16.18 Cybersecurity Incident Notification

(1) Each Market Participant shall designate and maintain a Cybersecurity Contact for communications with ERCOT with respect to Cybersecurity Incidents. Registered Market Participants shall submit Notice of Change of Information via the MIS Certified Area, as reflected in Section 23, Form E, Notice of Change of Information, to designate a Cybersecurity Contact, and maintain updated Cybersecurity Contact information.

(2) As soon as practicable upon determination of a Cybersecurity Incident on a Market Participant’s computer network or system that interfaces with an ERCOT computer network or system, the Market Participant shall notify ERCOT.

(3) For purposes of this section, in the event a Market Participant delegates authority to an agent, the Market Participant shall ensure that the agent is obligated to notify the Market Participant, as soon as practicable, upon the agent’s discovery of a Cybersecurity Incident on the agent’s computer network or system that interfaces with an ERCOT computer network or system.

(4) A Market Participant shall notify ERCOT, as soon as practicable, upon the agent’s notification to the Market Participant of a Cybersecurity Incident on the agent’s computer network or system that interfaces with an ERCOT computer network or system for the purpose of transacting with ERCOT on behalf of the Market Participant. If a Market Participant’s agent is also registered with ERCOT as a Market Participant, only the agent is required to report a Cybersecurity Incident on its computer network or system that interfaces with an ERCOT computer network or system to ERCOT. The failure of an agent to notify the Market Participant of a Cybersecurity Incident shall not constitute a violation of this section if the Market Participant can demonstrate that a reporting mandate exists in a contract between the Market Participant and its agent.

(5) In order to notify ERCOT of a Cybersecurity Incident, Market Participants shall submit a Notice of Cybersecurity Incident (Section 23, Form O, Notice of Cybersecurity Incident) to NCSI@ercot.com. If, as a result of the Cybersecurity Incident, a Market Participant is unable to securely send the Notice of Cybersecurity Incident to ERCOT, the Market Participant shall call the ERCOT HelpDesk at (512) 248-6800 and/or its Client Service Representative to request a secure means for sending the Notice of Cybersecurity Incident to ERCOT.

(a) A Market Participant may designate a temporary cybersecurity contact for a particular Cybersecurity Incident by providing contact information for such individual in the Notice of Cybersecurity Incident form submitted to ERCOT. Should a Market Participant designate a temporary cybersecurity contact in its Notice of Cybersecurity Incident, ERCOT will direct communications concerning that particular Cybersecurity Incident to the temporary cybersecurity contact.

(b) Following initial notification, Market Participant shall provide ERCOT with updated information concerning the Cybersecurity Incident as it becomes available, and upon ERCOT’s request, until ERCOT provides notice to Market Participant that information regarding the Cybersecurity Incident is no longer needed. To the extent practicable, the Notice of Cybersecurity Incident form shall be used to provide ERCOT with updated information.

(6) In the event ERCOT determines that a Cybersecurity Incident may materially impact computer networks or systems of ERCOT and/or Market Participants, ERCOT shall issue a Market Notice to all Market Participants with general information concerning the Cybersecurity Incident. ERCOT may utilize the information contained in a Notice of Cybersecurity Incident, except that in no event shall the Market Notice contain information identifiable to a specific Market Participant or ERCOT Critical Energy Infrastructure Information (ECEII).

**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 (.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.

|  |  |
| --- | --- |
| **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 Access to MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System (MIS).

|  |  |
| --- | --- |
| **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. 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).**

|  |  |
| --- | --- |
| **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), 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.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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-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 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 (.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 Access to the MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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 access to the MIS, 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 the ERCOT Market Information System (MIS) except to portions of the MIS required to perform duties of an Authorized Representative.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and be granted access to the MIS by properly completing and submitting a Notice of Change of Information (NCI) via the MIS Certified Area , and meeting the requirements under Section 16.12, User Security Administrator and Access to the MIS.

(e) If determined ineligible, Applicant must designate a USA, receive access to the MIS 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), 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-3)\*\*

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**

**This form is illustrative of the fields that must be completed in the Market Participant Service Portal via the Market Information System (MIS). This form may not be submitted to ERCOT outside of the Market Participant Service Portal unless instructed by ERCOT in writing.**

**Please refer to the ERCOT’s Identity and Access Management User Guide for information on accessing the Market Participant Service Portal.**

**NOTICE OF CHANGE OF INFORMATION**

A 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.

Except as otherwise required by the ERCOT Protocols, ERCOT will send a written acknowledgement of receipt of the changes within five Business Days of submission in the MP Portal 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 Market Participant Service Portal:

* **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 contact** – 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 contact** – 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 Access to the MIS Opt-Out**

[ ]  By checking this box, Market Participant elects to: (i) cancel its USA and access to MIS 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 MIS Access as required by Section 16.12, User Security Administrator and Access to the MIS. Market Participant understands that designation of a USA and Backup USA, and issuance of MIS access, 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 (.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 subordinate QSE (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 Access to the MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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), 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.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 (.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 Access to the MIS , the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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), 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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|  |  |  |
|  |  |  |
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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: [\*\*](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-US&actnavid=eyJjIjo4NjA3MDMzMTl9&wopisrc=https%3A%2F%2Fercot-my.sharepoint.com%2Fpersonal%2Fkatherine_gross_ercot_com%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F186196a48745478bae127eec28de7b96&wdlor=c70A700F6-9A91-49FD-B3E5-556A078D10AE&wdenableroaming=1&mscc=1&wdodb=1&hid=CBD1AFA1-A07E-9000-24DD-F6681B9F94E6.0&uih=sharepointcom&wdlcid=en-US&jsapi=1&jsapiver=v2&corrid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&usid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&newsession=1&sftc=1&uihit=docaspx&muv=1&ats=PairwiseBroker&cac=1&sams=1&mtf=1&sfp=1&sdp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fercot-my.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=AuthPrompt.Outlook-Body.Sharing.DirectLink&csc=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftn1)

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: |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***[NPRR995 and NPRR1246: Replace applicable portions of Section 23, Form I above with the following upon system implementation for NPRR995; or upon system implementation of the Real-Time Co-Optimization (RTC) project for NPRR1246:]*****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 (.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 Access to the MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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), 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, Energy Storage Resources (ESRs), 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.) |
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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: [\*\*](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-US&actnavid=eyJjIjo4NjA3MDMzMTl9&wopisrc=https%3A%2F%2Fercot-my.sharepoint.com%2Fpersonal%2Fkatherine_gross_ercot_com%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F186196a48745478bae127eec28de7b96&wdlor=c70A700F6-9A91-49FD-B3E5-556A078D10AE&wdenableroaming=1&mscc=1&wdodb=1&hid=CBD1AFA1-A07E-9000-24DD-F6681B9F94E6.0&uih=sharepointcom&wdlcid=en-US&jsapi=1&jsapiver=v2&corrid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&usid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&newsession=1&sftc=1&uihit=docaspx&muv=1&ats=PairwiseBroker&cac=1&sams=1&mtf=1&sfp=1&sdp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fercot-my.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=AuthPrompt.Outlook-Body.Sharing.DirectLink&csc=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftn2) 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: |   |

 |

[\*\*](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-US&actnavid=eyJjIjo4NjA3MDMzMTl9&wopisrc=https%3A%2F%2Fercot-my.sharepoint.com%2Fpersonal%2Fkatherine_gross_ercot_com%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F186196a48745478bae127eec28de7b96&wdlor=c70A700F6-9A91-49FD-B3E5-556A078D10AE&wdenableroaming=1&mscc=1&wdodb=1&hid=CBD1AFA1-A07E-9000-24DD-F6681B9F94E6.0&uih=sharepointcom&wdlcid=en-US&jsapi=1&jsapiver=v2&corrid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&usid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&newsession=1&sftc=1&uihit=docaspx&muv=1&ats=PairwiseBroker&cac=1&sams=1&mtf=1&sfp=1&sdp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fercot-my.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=AuthPrompt.Outlook-Body.Sharing.DirectLink&csc=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftnref1) *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*.

[\*\*](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-US&actnavid=eyJjIjo4NjA3MDMzMTl9&wopisrc=https%3A%2F%2Fercot-my.sharepoint.com%2Fpersonal%2Fkatherine_gross_ercot_com%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F186196a48745478bae127eec28de7b96&wdlor=c70A700F6-9A91-49FD-B3E5-556A078D10AE&wdenableroaming=1&mscc=1&wdodb=1&hid=CBD1AFA1-A07E-9000-24DD-F6681B9F94E6.0&uih=sharepointcom&wdlcid=en-US&jsapi=1&jsapiver=v2&corrid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&usid=97c7383c-cfe1-9d0a-bfcb-6862c940ebc0&newsession=1&sftc=1&uihit=docaspx&muv=1&ats=PairwiseBroker&cac=1&sams=1&mtf=1&sfp=1&sdp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fercot-my.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=AuthPrompt.Outlook-Body.Sharing.DirectLink&csc=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftnref2) *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*.

**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 (.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.

|  |  |
| --- | --- |
| **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 Access to the MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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 access the MIS, 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 the ERCOT Market Information System (MIS) except for access to portions of the MIS required to perform duties of an Authorized Representative.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and begin receiving access to portions of the MIS beyond only those required to perform duties of an Authorized Representative by properly submitting, via the MIS Certified Area, the applicable information reflected in 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.

|  |  |
| --- | --- |
| **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:** |       |

**9. Transition/Acquisition (“TA”).** Responsible for coordinating Mass TA events between ERCOT, Competitive Retailers (CRs), and LSEs. 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:** |       |

**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), 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 K: Wide Area Network (WAN) Agreement**

**TBD**

**ERCOT Private Wide Area Network (WAN) Agreement**

This Private WAN Agreement (“Agreement”) is made and entered into on this       day of      ,       (“Effective Date”) by and between Electric Reliability Council of Texas, Inc. (ERCOT), a Texas non-profit corporation having an office at 8000 Metropolis Drive (Building E), Suite 100, Austin, Texas 78744 and the undersigned entity (“Participant”) (collectively, “the Parties”), having an office at the address listed below.

**1. Scope**

1.1 This Agreement sets forth the terms, conditions and prices under which ERCOT agrees to allow Participant to interconnect Participant’s data transfer system with ERCOT’s data network and facilities for the sole purpose of transferring data between ERCOT and Participant. This Agreement also sets forth the terms and conditions to maintain operational security of the ERCOT WAN for the secure transfer of data between ERCOT and Participant.

1.2 Participant represents and warrants that Participant is a Market Participant as defined by the ERCOT Protocols and has executed (or will timely execute prior to participation as a Market Participant) all agreements required of Participant by the ERCOT Protocols (Protocols Agreement(s)). This Agreement shall terminate immediately and automatically upon the termination of all Participant’s Protocols Agreement(s). “ERCOT Protocols” shall mean the document adopted by ERCOT, including any attachments or exhibits referenced in that document, as amended from time to time that contains the scheduling, operating, planning, reliability, and settlement (including customer registration) policies, rules, guidelines, procedures, standards, and criteria of ERCOT.

1.3 Except to the extent provided otherwise in this Agreement, the terms and conditions of the Protocols Agreement(s) signed between Participant and ERCOT shall apply and be incorporated by reference into this Agreement. In the event of a conflict between this Agreement and the Protocols Agreement(s), this Agreement shall control with respect to the subject matter of this Agreement.

**2. Term of Agreement**

2.1 The initial term of this Agreement shall commence on the Effective Date and expire 12 months thereafter. The term of this Agreement shall automatically renew for a successive 12-month period on each anniversary date of the Effective Date, unless either party delivers to the other party written notice to terminate as provided herein.

2.2 If Participant wishes to terminate this Agreement, it shall notify ERCOT in writing of its desire to terminate. Termination shall be effective no sooner than 60 days following receipt of such written notice by ERCOT.

2.3 In addition to any other remedies ERCOT may have at law or in equity, ERCOT may terminate this Agreement for material breach in accordance with the default provisions set forth in the Protocols Agreement(s).

2.4 ERCOT may also terminate this Agreement upon 60 days’ written notice to Participant if ERCOT amends the form of this standard form agreement. In such event, ERCOT shall provide Participant the opportunity to execute a new standard form agreement regarding the subject matter of this Agreement.

2.5 In the event of any termination of this Agreement, Participant shall reimburse ERCOT for ERCOT’s expenses incurred hereunder prior to notice of termination. If this Agreement has been terminated except as proved under Section 2.4 above, ERCOT may remove from Participant’s premises any equipment for which ERCOT has not received payment and Participant shall reimburse ERCOT for the cost of such removal.

**3. Interconnection with and use of ERCOT WAN**

3.1 Participant shall interconnect its facilities with ERCOT in a manner consistent with and defined by ERCOT. ERCOT shall define and demarcate the location of interconnection with the ERCOT WAN.

3.2 ERCOT shall provide, in accordance with its reasonable discretion and control, the design, engineering, procurement, and installation of the equipment and facilities necessary to interconnect Participant’s Facilities to the ERCOT WAN. Participant shall reimburse ERCOT for ERCOT’s expenses incurred in design, engineering, procurement, and installation of such equipment and facilities for each such new installation. The reimbursed costs for each new installation shall not exceed the fees designated in the ERCOT Fee Schedule. Only ERCOT-authorized personnel shall conduct network problem diagnosis and administrative functions, including, but not limited to, provisioning, monitoring, and auditing the ERCOT WAN. Participant will reimburse ERCOT’s cost of performing or acquiring such services per month per installation during the initial term hereof and any subsequent renewal terms. The monthly cost per installation shall not exceed the fees designated in the ERCOT Fee Schedule. Participant will also reimburse ERCOT’s cost of providing or acquiring data transport service to Participant, which cost will vary according to Participant’s location.

3.3 With respect to access to the ERCOT WAN, Participant will comply with ERCOT’s security and safety procedures and requirements, including, but not limited to, access restrictions, sign in, and identification requirements. Participant will also comply with all ERCOT policies and procedures regarding use of the ERCOT WAN (as such policies and procedures may be amended from time to time), including, but not limited to, the document entitled “Communicating with ERCOT,” the document entitled “QSE Qualification Testing,” the ERCOT Operating Guides and ERCOT Protocols.

3.4 Participant shall consistently maintain the security of its computer systems (including the interconnection with the ERCOT WAN, support equipment, systems, tools, and/or data required under this Agreement) in accordance with industry standards for computer system security.

3.5 Participant shall maintain operational security of the ERCOT WAN for the uninterrupted transfer of data between ERCOT and Participant. Participant agrees that the integrity of the data provided through the WAN is essential, and will take all steps and responsibility for ensuring the integrity of such data. Such steps shall include, at a minimum, ensuring the prevention of any remote electronic connections by unauthorized persons or organizations through Participant’s network to the ERCOT WAN connection point. Particularly, Participant’s systems must deny any connectivity with Participant’s internet access point to unauthorized persons or organizations.

3.6 If ERCOT determines, within its reasonable discretion, that Participant is not in compliance with this Agreement or ERCOT’s security procedures and requirements, ERCOT may prohibit Participant from transferring data using the WAN.

3.7 Where one Party’s information resides on the other Party’s computer system, the Party in control of the computer system shall take, or cause the custodian of the computer system to take commercially reasonable measures to prevent unauthorized access to such information by others who have access to that computer system. Each Party agrees that it, its employees, agents and representatives who have access to its computer systems at its facilities will not use the WAN and/or the interconnection with the ERCOT WAN to obtain or to attempt to obtain unauthorized access to information of the other Party or information of a third party that may reside on the other Party’s computer system.

**4. Network Maintenance and Management**

4.1 As part of the WAN Application, Participant has provided ERCOT contact information for network maintenance and management. Participant may change such contact information via the MIS Certified Area by submitting the applicable information reflected in the Notice of Change of Information (NCI)(Section 23, Form E) to ERCOT, and referring specifically to this Agreement.

4.2 Participant will not use any service provided under this Agreement in a manner that impairs the quality of service to other WAN users. Participant shall cooperate with ERCOT in the testing of interconnection to the WAN and in the prevention or correction of disruption or loss of service over the WAN.

4.3 ERCOT agrees to provide Participant reasonable written notice of changes in the information necessary for the transmission and routing of data using ERCOT’s facilities or networks, as well as other changes that affect the interoperability of those respective facilities and networks.

4.4 Participant agrees to notify the ERCOT Help Desk immediately of any intrusion or virus event within its network or systems connected to the ERCOT WAN so that ERCOT can take steps to ensure the integrity of the rest of the WAN.

**5. Compensation**

5.1 Participant agrees to reimburse ERCOT for ERCOT’s expenses incurred in the design, engineering, procurement, and installation of equipment and facilities hereunder. Participant further agrees to pay ERCOT for any additional services rendered by ERCOT under this Agreement; to the extent such expenses and chargers are assessed pursuant to Section 3.2 above.

5.2 ERCOT will remit a bill to Participant to reflect the charges required and permitted pursuant to Section 3.2 above under this Agreement, any applicable taxes, and other costs or charges that are the responsibility of Participant, but were incurred by ERCOT. Payment is due within 30 days of receipt of the bill.

5.3 Payments shall be made either through bank draft or wire transfer, as agreed upon by the parties. Interest shall accrue on any past due amount at the lesser of: (a) 18% per annum; or (b) the maximum rate permitted by applicable law. If Participant fails to make payment within 30 days of receipt of the bill, ERCOT may, at its option, terminate this Agreement.

**6. Liability**

6.1 EXCEPT TO THE EXTENT REQUIRED BY STATE OR FEDERAL LAW, ERCOT MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY WARRANTY AS TO MERCHANT ABILITY OR FITNESS FOR INTENDED OR PARTICULAR PURPOSE WITH RESPECT TO EQUIPMENT OR SERVICES PROVIDED HEREUNDER. ADDITIONALLY, ERCOT MAKES NO WARRANTIES, EXPRESS OR IMPLIED, CONCERNING PARTICIPANT’S (OR ANY THIRD PARTY’S) RIGHTS WITH RESPECT TO INTELLECTUAL PROPERTY OR THIRD PARTY CONTRACT RIGHTS, INCLUDING WHETHER SUCH RIGHTS WILL BE VIOLATED BY PARTICIPANT’S INTERCONNECTION WITH ERCOT’S WAN OR PARTICIPANT’S USE OF THE OTHER EQUIPMENT OR FACILITIES FURNISHED UNDER THIS AGREEMENT.

6.2 Each Party understands and acknowledges that third parties might obtain unauthorized remote access to the other Party’s computer systems, and further, that there exists the possibility that such third parties may attempt unauthorized access to the computer systems or information thereon, that computer viruses may be transmitted, and that damage might result to a Party’s computer systems or data thereon, or that the confidentiality of a Party’s information may thereby be breached. ACCORDINGLY, EACH PARTY SHALL BE SOLELY AND EXCLUSIVELY RESPONSIBLE FOR SAFEGUARDING ITS OWN COMPUTER SYSTEMS AND INFORMATION THEREON FROM SUCH UNAUTHORIZED ACCESS OR DAMAGE OCCURRING THROUGH THE INTERCONNECTION WITH ERCOT UNDER THIS AGREEMENT AND FOR THE ACTIONS OF ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES WHO USE ITS COMPUTER SYSTEMS.

**7. Notices**

Except as provided herein for operational communications, all notices required to be given under this Agreement shall be in writing, and shall be deemed delivered three days after being deposited in the U.S. mail, first class postage prepaid, registered (or certified) mail, return receipt requested, addressed to the other Party at the address specified in this Agreement or shall be deemed delivered on the day of receipt if sent in another manner requiring a signed receipt, such as courier delivery or Federal Express delivery. ERCOT may change its address for such notices by delivering to Participant a written notice referring specifically to this Agreement. Participant may change its address for such notices by submitting, via the MIS Certified Area, the applicable information reflected in NCI (Section 23, Form E) to ERCOT and referring specifically to this Agreement.

**8. Entire Agreement and Amendments**

8.1 This Agreement constitutes the entire agreement between the Parties concerning the subject matter hereof and supersedes any prior agreements, representations, statements, negotiations, understandings, proposals or undertakings, oral or written, with respect to the subject matter expressly set forth herein.

8.2 Neither Party will be bound by an amendment, modification or additional term unless it is reduced to writing and signed by an authorized representative of the Party sought to be bound.

*Each person whose signature appears below represents and warrants that he or she has authority to bind the Party on whose behalf he or she has executed this Agreement.*

*Executed and Agreed:*

|  |  |
| --- | --- |
| Electric Reliability Council of Texas, Inc.:Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8000 Metropolis Drive (Building E), Suite 100Austin, Texas 78744(512) 225-7000 | Participant:      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:      Printed Name:      Title:      Address:      City, State, Zip:      Type of Organization:      Organized Under the Laws of:       |

**ERCOT Nodal Protocols**

**Section 23**

**Form L: MIS Access Audit Attestation**

**TBD**

 **MIS Access Audit Attestation**

Pursuant to Section 16.12.3, Market Participant Audits of User Security Administrators and MIS Access, each Market Participant must verify compliance with MIS Access requirements set forth in the ERCOT Protocols. Market Participants must complete this form and return it via (i) email to MAAA@ercot.com (.pdf version). This audit and attestation shall be completed for *each* DUNS Number the Market Participant has currently registered with ERCOT.

|  |  |
| --- | --- |
| **Legal Name of the Market Participant:** |       |
| **Market Participant Type:** | **[ ]  CP [ ]  CRRAH [ ]  IMRE [ ]  LSE [ ]  QSE [ ]  Sub-QSE****[ ]  Resource [ ]  TSP and/or DSP** |
| **DUNS Number:** |       |
| **User Security Administrator (USA):** |       |
| **Backup USA (if applicable):** |       |

Market Participant hereby affirms the following:

1. Market Participant has generated a list of its registered User Security Administrator (USA), Backup USA, and MIS users, for the DUNS Number indicated above, generated through the Market Participant Identity Management (MPIM) system within the Market Information System (MIS) (the List), as per the ERCOT Identity and Access Management user Guide, and if Market Participant has any corrections to the List, Market Participant has provided corrections to ERCOT.
2. Market Participant and each listed USA, Backup USA, and MIS user meet the applicable requirements of paragraph (1)(a) of 16.12.1, USA Responsibilities and Qualifications for user access to the MIS .
3. Market Participant and each listed USA, Backup USA, and MIS user are not subject to any of the conditions that would require revocation as described in paragraph (1)(b) of Section 16.12.1.
4. Each listed USA, Backup USA, and MIS user is currently employed by or is an authorized agent contracted with the Market Participant.
5. The Market Participant has verified that the listed USA and Backup USA is authorized to be a USA.
6. Each MIS user is authorized to retain access to the MIS .
7. Each listed MIS user needs the MIS to perform his or her job functions.
8. Market Participant has requested revocation of access to the MIS when required by paragraph (1)(b) of Section 16.12.1.
9. Market Participant has complied with the audit requirements of Section 16.12.3.

Market Participant has found that the following MIS user(s) no longer met the required criteria in paragraph (1)(a) of Section 16.12.1. Market Participant to include: (i) the name of the ineligible MIS user; (ii) reason for ineligibility; and (iii) date upon which MIS user became ineligible.

I affirm that I have personal knowledge of the facts stated in this MIS Access Audit Attestation (MAAA) and have the authority to submit this a on behalf of the Market Participant listed above.

**Officer/Executive/Employee:**

**Name and Title:**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**ERCOT Nodal Protocols**

**Section 23**

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

**TBD**

**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 (.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.

|  |  |
| --- | --- |
| **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 Access to the MIS, the USA is responsible for managing the Market Participant’s access to ERCOT’s Market Information System.

|  |  |
| --- | --- |
| **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.

|  |  |
| --- | --- |
| **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, 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:** |   |

**ERCOT Nodal Protocols**

**Section 23**

**Form S: Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company or LSIPA Designated Country**

**TBD**

**This form is illustrative of the fields that must be completed in the Market Participant Service Portal via the Market Information System (MIS). This form may not be submitted to ERCOT outside of the Market Participant Service Portal unless instructed by ERCOT in writing.**

**Please refer to the ERCOT’s Identity and Access Management User Guide for information on accessing the Market Participant Service Portal.**

**Reporting and Attestation Regarding Purchase of Critical Electric Grid Equipment (CEGE) and Critical Electric Grid Services (CEGS) from a Lone Star Infrastructure Protection Act (LSIPA) Designated Company** **or LSIPA Designated Country**

The information below should be submitted in accordance with the deadlines provided in Section 16.1.4, Market Participant Reporting of Critical Electric Grid Equipment and Services-Related Purchases.

**Legal Name of Applicant or Market Participant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Address of Applicant or Market Participant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant or Market Participant Data Universal Numbering System (DUNS) Number (DUNS #):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the one box that applies [do not check both boxes]:

1. With respect to the above-referenced Applicant or Market Participant, I hereby attest, based on my knowledge as defined in paragraph (1)(a) of Section 16.1.4, that the following statement is either true or not true, as indicated below:

The Market Participant or Applicant has purchased Critical Electric Grid Equipment (CEGE) or Critical Electric Grid Services (CEGS) from an LSIPA Designated Company or LSIPA Designated Country within one of the time periods described in paragraph (2) or (3) of Section 16.1.4.

 The above statement is TRUE.

 The above statement is NOT TRUE.

**If you checked the box for “TRUE” in question 1, then please complete sections 2 and 3 below. Alternatively, if you checked the box for “NOT TRUE” in question 1, but are reporting a part or component of CEGE as provided in paragraph (1)(c) of Section 16.1.4, then please complete sections 2 and 3 below.**

2. List each purchase of CEGE or CEGS from an LSIPA Designated Company or LSIPA Designated Country that occurred in the time periods described in paragraph (2) or (3) of Section 16.1.4 and has not already been reported to ERCOT under Section 16.1.4. For each purchase, please provide:

a. A description of the CEGE or CEGS purchased (if reporting a part or component of CEGE as provided in paragraph (1)(c) of Section 16.1.4, a general description may be provided for that part or component):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

b. The name of the LSIPA Designated Company from which the purchase was made and the LSIPA Designated Country with which it is associated (if reporting a part or component as provided in paragraph (1)(c) of Section 16.1.4 and the Applicant does not actually know the name of the Company from which the part or component originated, then the Applicant may omit the Company name and provide only the LSIPA Designated Country of origin):

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. The date on which the purchase was made:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. A general description of how each piece of equipment or service relates to the operation of ERCOT System Infrastructure:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. For purchases made after June 8, 2023, a description of the measures taken to ensure that the purchase will NOT result in access to or control of CEGE by an LSIPA Designated Company or an LSIPA Designated Country, excluding access allowed by the Applicant or Market Participant for product warranty and support purposes:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. For purchases made before June 8, 2023, a description of the reasonable and necessary actions taken to mitigate access to or control of CEGE by an LSIPA Designated Company or an LSIPA Designated Country, excluding access specifically allowed by the Applicant or Market Participant for product warranty and support purposes:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. With respect to the purchase at issue:

 I attest that the following purchase(s) described in my response to question 2 above will NOT result in access to or control of CEGE by an LSIPA Designated Company or LSIPA Designated Country, excluding access specifically allowed by the Applicant or Market Participant for product warranty and support purposes:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 I attest that the following purchase(s) described in my response to question 2 above WILL result in access to or control of CEGE by an LSIPA Designated Company or LSIPA Designated Country:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. If the Applicant or Market Participant attests that a purchase from an LSIPA Designated Company or an LSIPA Designated Country WILL result in access to or control of CEGE by an LSIPA Designated Company or LSIPA Designated Country, then please describe the access to or control of CEGE that was created by the purchase. Please also list any actions the Applicant or Market Participant has taken to mitigate the risks associated with such access or control:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, I certify that I am authorized to bind the Applicant or Market Participant listed above, that I am authorized to execute and submit this attestation on behalf of such Applicant or Market Participant, and that the statements contained herein are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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-2)
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-3)