



## ENERGY BROKER AND ENERGY CONSULTANT REGISTRATION FORM

Pursuant to the Public Service Commission's Order Adopting Energy Broker and Energy Consultant Registration Requirements in Case 23-M-0106 and the Uniform Business Practices edits adopted in that order, Energy Brokers<sup>1</sup> and Consultants<sup>2</sup> are required to submit this form. Direct Employees of an Energy Broker or Energy Consultant are not required to submit this form as long as a registered Energy Broker or Energy Consultant is responsible for ensuring compliance.

### **FILL OUT AND SUBMIT THIS FORM IN MATTER 23-01227 IN THE MATTER OF REGISTRATION FOR ENERGY BROKERS AND CONSULTANTS<sup>3</sup>**

(Attach additional sheets as necessary)

#### **1. Business Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ :Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

<sup>1</sup> Energy Broker is defined within the UBP as "A non-utility entity that performs energy management or procurement functions on behalf of customers or ESCOs, and (1) that assumes the contractual and legal responsibility for the sale of electric supply service, transmission or other services to end-use retail customers, but does not take title to any of the electricity sold, and does not make retail energy sales to customers, or (2) that assumes the contractual and legal obligation to provide for the sale of natural gas supply service, transportation or other services to end-use retail customers, but does not take title to any of the natural gas sold, and does not make retail energy sales to customers."

<sup>2</sup> Energy Consultant is defined within the UBP as "any person, firm, association or corporation who acts as broker in soliciting, negotiating or advising any electric or natural gas contract, or acts as an agent in accepting any electric or natural gas contract on behalf of an ESCO."

<sup>3</sup> Instructions on registering and filing are available at <https://dps.ny.gov/dmm-help-electronic-filing-registration-instructions>

If you intend to market your services under a DBA, provide a copy of your certificate of assumed name and list the name(s) here: \_\_\_\_\_

\_\_\_\_\_

Type of Provider:

Energy Broker \_\_\_\_\_ Energy Consultant \_\_\_\_\_ Both \_\_\_\_\_

Nature of business being conducted:

Type of customers: (Check all that apply)

Residential \_\_\_\_\_ Large Commercial \_\_\_\_\_  
Industrial \_\_\_\_\_ Small Commercial \_\_\_\_\_

Provide the contact information for any affiliates conducting energy-related business (including subsidiaries and parent corporations) within New York State or elsewhere.

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provide the contact information for any parent company or other corporate entity with an ownership interest of 10 percent or more of the registrant:

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

During the previous 36 months, have any criminal or regulatory sanctions been imposed on the registrant, any senior officer of the registrant, any corporate entity with corporate entity with an ownership interest of 10 percent or any energy affiliates listed above?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, identify the entities or individuals subject to sanctions and provide a detailed explanation of the sanctions:

---

---

---

---

---

---

Disclose any decisions or pending escalated regulatory actions in other states that affect the registrant's ability to operate in that state, such as suspension, revocation, or limitation of operating authority:

---

---

---

---

---

---

List and describe any current formal investigations involving the registrant being conducted by law enforcement or regulatory entities:

---

---

---

---

---

---

List and explain any acquisitions, mergers, dissolutions, or bankruptcy involving the registrant that occurred in the previous 36 months:

---

---

---

---

---

---

List and describe of any security breaches associated with customer proprietary information in the last 36 months that involved the registrant, including a thorough description of the actions taken in response to any such instances:

---

---

---

---

---

---

List all states in which the registrant has received authority to sell/broker services within the past 36 months. Indicate whether the registrant is actively providing services or not:

State: _____	Status: _____	Date Issued: _____
State: _____	Status: _____	Date Issued: _____
State: _____	Status: _____	Date Issued: _____
State: _____	Status: _____	Date Issued: _____
State: _____	Status: _____	Date Issued: _____
State: _____	Status: _____	Date Issued: _____

List all states in which registrant or its affiliates has been denied approval and/or had authority revoked:

---

---

---

---

---

---

List all municipalities in which the registrant will be performing door-to-door marketing activities in New York State Further provide an attachment including all municipality permits obtained by the registrant.

---

---

---

---

---

---

## 2. Contact Information

The contacts listed below must be direct contacts for individuals, not for a shared mailbox or general phone number.

Executive Contact (Owner, CEO, or Executive responsible for New York service)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Regulatory Contact (Individual(s) Responsible for Ensuring Compliance with Regulatory Requirements)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marketing Contact (Individual(s) Responsible for Responding to Consumer Inquiries and Complaints)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **3. Additional Requirements (Required for New Registrants)**

- A sample standard Agreement between the Energy Broker or Energy Consultant and the customer;
- Sample forms of the notices sent upon assignment of sales agreements, discontinuance of service, or transfer of customers to other providers;
- Procedures used to obtain customer authorization for access to a customers' historic usage or credit information;
- Information on the methods by which the applicant intends to market energy products and services;
- Sample copies of informational and promotional materials that the applicant uses for mass marketing purposes;
- Sample disclosures of compensation;
- Proof of registration with the New York State Department of State or proof of an assumed name certificate (DBA) filed with the county clerk;
- Proof of registration to act as a marketer in any municipality where such registration is required;
- An annual \$500 registration fee;
- Proof of an irrevocable standby letter of credit held with a reputable financial institution that identifies that Department as the beneficiary in the amount of:
  - \$100,000 for registering Energy Brokers; and
  - \$50,000 for registering Energy Consultants;
- A completed Service Provider Contact Form, which can be found here, identifying the Energy Broker or Energy Consultant's employee(s) responsible for resolving consumer complaints received by the Department and referred to the Energy Broker or Energy Consultant

### **4. Signature**

The person signing this application attests to the following: that she or he is an owner, partner, or officer of the business named on this registration package, the answers and materials contained in this registration package are true and the registration package submitted is complete and accurate. An Energy Broker or Consultant that knowingly makes false statements in this registration package is subject to denial or revocation of eligibility.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_