



ENERGY SERVICES COMPANY (ESCO) RETAIL
ACCESS APPLICATION FORM (RAAF)

EXISTING ESCO'S MATTER 14-02554

1. Business Information

A. Business Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Website Address:

Customer Service Email Address:

Toll Free Number:

If you intend to market your services under a DBA, list name here:

(Copy of your certificate of assumed name is required, please attach)

B. List energy affiliates, including upstream owners and subsidiaries, (include additional sheets if necessary):

Name:

Contact Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

C. During the previous 36 months, have any criminal or regulatory sanctions been imposed against any senior officer of the ESCO applicant or any entity holding ownership interests of 10% or more in the ESCO? Yes No

- a. If yes, provide the name and title of each such person as well as a detailed explanation of the sanctions and any relevant context (add additional sheets if necessary):

D. List all states that your company has operated in within the last 24 months:

E. List all trade names used in other states:

2. Contact Information

A. Executive Contact

Name:

Title:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

B. Regulatory Contact

Name:

Title:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

C. Marketing Contact

Name:

Title:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

D. EDI Vendor

Vendor Name:

Contact Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

3. Markets for Which You Currently Have Eligibility (“√” relevant boxes):

Service Class and Commodity:	Mass Market Electric	Mass Market Natural Gas	Large C&I Electric	Large C&I Natural Gas

4. Identify the Types and Locations of Markets You are Currently Serving:

- A. **Eligible ESCOs that have completed Phase III Testing**, place an “√” in the applicable cells of the table below to 1) designate the individual utility retail access programs in which you participate, and the customer market(s) in each program you serve, 2) indicate the commodities you offer in each service territory; and 3) indicate the billing options you offer in each territory.
- B. If you are an **ESCO that has eligibility but are not serving**, leave this section blank. When you complete Phase III Testing or begin serving you should resubmit this form with the appropriate boxes checked.

Utility	Customer Markets		Commodity		Billing Options			
	Mass Market	Industrial and Large C&I	Nat Gas	Electric	Utility Rate Ready (URR)	Utility Bill Ready (UBR)	ESCO Combined Billing ¹	Dual Bill
Central Hudson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a
Con Edison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
Corning Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a	n/a
LIPA	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Grid (KEDNY, KEDLI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>
National Grid (Upstate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
National Fuel Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
NYSEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Orange & Rockland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
Rochester Gas & Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>
St. Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a	n/a

¹ National Fuel users Single Retailer EDI transactions to support ECB.

5. Identify Method(s) of Marketing You Currently Use:

Marketing Type	Residential	Small Non-Residential	Industrial and Large Commercial
Door to Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiosk Sales (at store or event)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemarketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through Partners (attach list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web Enrollments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Identify Types of Products You Currently Have Eligibility For:

Product Type (see instructions)	Residential	Small Non-Residential	Industrial and Large Commercial
Variable-Rate (commodity only) with Guaranteed Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-Rate within Price Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewable (50 percentage points greater than RES LSE Obligation for the year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Product Type Specifically Approved by the Commission (if applicable, attach detailed description)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other	N/A	N/A	<input type="checkbox"/>

7. Additional Requirements

- A. Copy and proof of acceptance of your registration with the NYS Dept of State and a copy of your certificate of assumed name (if applicable);
- B. Comprehensive copy of your standard sales agreement(s) for each service class and commodity, including presentation of the customer disclosure statement;
- C. Marketing representative ID badge;
- D. Marketing standards quality assurance plan;
- E. Third party verification script;
- F. Sample forms of notices for assignment, discontinuance and transfer of 5000 or more customers to other providers;
- G. Sample of your billing format;
- H. Procedures you will use to obtain customer's authorization for historic usage and credit information;
- I. Copies of information and promotional materials used for mass marketing purposes;
- J. HEFPA documents, if providing energy supply to residential customers;
- K. Internal procedures for the prevention of slamming or cramming;
- L. A list of entities, including contractors and sub-contractors, that will market on behalf of your ESCO;
- M. Attestation that you will comply with the requirements of the New York State's Environmental Disclosure Program, if you intend to serve electric customers;
- N. NYS DPS Office of Consumer Services Service Provider Form;
- O. Letter from utility that you have successfully completed EDI Phase 1 Testing;
- P. Complaint data from each state in which your company has served within the last 24 months. If your company operates under multiple trade names, you must identify each name used separately and the state in which it was used;
- Q. List and describe any security/data breaches associated with customer proprietary information that occurred in any jurisdiction in which it operates, under any trade name, within the 24 months prior to the application, and actions taken by the applicant in response to the incident. ESCOs also shall provide specific policies and procedures addressing how they intend to secure customer data;
- R. Disclose any history of bankruptcy, dissolution, merger, or acquisition activities during the 24 months prior to this application for each trade name used as well as affiliates of the ESCO, including upstream owners and subsidiaries; and,
- S. Provide an officer certification, in which a high-level officer affirms that the ESCO is willing and able to comply with all applicable laws and regulations.

8. Signature

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

Signature:

Printed Name:

Title:

Date:

Company Name: