

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

2. During the past 36 months, have any criminal or regulatory sanctions been imposed on the contact, any senior officer, any corporate entity with an ownership interest of 10 percent or more, or any energy affiliates of the CCA Administrator?
 Yes / No

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

3. Disclose any decisions or pending escalated regulatory actions in other states that affect the CCA Administrator's ability to operate in New York, such as suspension, revocation or limitation of operating authority:

4. List and describe any current formal investigations involving the CCA Administrator being conducted by law enforcement or regulatory entities:

5. List and explain any acquisitions, mergers, dissolutions, or bankruptcy involving the CCA Administrator that occurred in the previous 36 months:

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

7. List and describe any potential conflicts of interest that may impact this program. These conflicts could include, but are not limited to, financial interests, employment or consulting relationships, political donations, regulatory conflicts, involvement with IOUs or private energy companies, etc.

8. Identify all contracted parties and describe what roles they will be performing. (i.e. platform management, outreach and education, etc.

Part 2 - Contact Information

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

Name and Title		
Address		
City	State	Zip Code
Telephone	Email	

Regulatory Contact (Individual(s) responsible for ensuring compliance with regulatory requirements)

Name and Title		
Address		
City	State	Zip Code
Telephone	Email	

Consumer Inquiry Contact (Individual(s) responsible for responding to consumer inquiries and complaints from DPS)

Name and Title		
Address		
City	State	Zip Code
Telephone	Email	

Part 3 - CCA Program

Provide a brief description of the CCA program you hope to implement, its goals, and plans for value-added services.

Description:

Goals:

Plans for value-added service:

Part 4 - Opt-Out CCA Product Information

Please indicate which offerings you are seeking authorization for:

- | | | | |
|-------------------|--------------------------------------|---|------------------------------|
| Product Type: | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | |
| Product Offering: | <input type="checkbox"/> Standard | <input type="checkbox"/> Renewable | |
| Offering Price: | <input type="checkbox"/> Fixed | <input type="checkbox"/> Variable | |
| Rate Class: | <input type="checkbox"/> Residential | <input type="checkbox"/> Small-Commercial | <input type="checkbox"/> APP |

Part 5 - Attestation

By signing this form, I am attesting to the following:

- I am an owner, partner, or officer for the above named CCA Administrator;
- The answers and any materials provided with this form are complete and accurate;
- I understand that a CCA Administrator that knowingly makes false statements on this form can be subject to denial or revocation of Commission authorization for the CCA Administrator and for any of its operating CCA programs;
- I understand that if the Commission approves our Petition, we are responsible for ensuring compliance with all CCA Program Rules, Commission requirements, State, Local, and Federal regulations; and

- I understand that we are responsible for ensuring compliance with the requirements of the New York State's Environmental Disclosure Program when offering an electric supply product.

Signature:

Title:

Print Name:

Date: