

New York State Department of Public Service

**Energy Service Company (ESCO)
RETAIL ACCESS APPLICATION FORM**

For all questions regarding this application, please contact Christine Bosy
at (518) 486-2432 or by email at christine.bosy@dps.ny.gov

Use additional sheets as necessary

1. Business Information

Business Name: _____
Address: _____
City: _____ State: ____ ZIP: _____
Telephone: _____ Fax: _____

If you intend to market your services under other name(s) (e.g., d/b/a, alias) please list here:

Do you currently have any energy affiliates (including subsidiaries) located or operating within
New York State? YES ____ NO ____

If yes, please provide the contact information for any entity with an ownership interest of 10 percent
or more in the company(ies) listed above?

Business Name: _____
Contact Person: _____
Address: _____
City: _____ State: ____ ZIP: _____
Telephone: _____ Fax: _____
Email: _____

During the previous 36 months, have any criminal or regulatory sanctions been imposed for any senior
officer of the ESCO applicant, its subsidiaries or its energy affiliates listed above?

YES ____ NO ____

If yes, please provide the following information:

Name: _____
Title: _____
Name: _____
Title: _____
Name: _____
Title: _____

2. Contact Information

Executive Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Executive Contact:

Name: _____
Title: _____
Address: _____
City: _____ State: ___ ZIP: _____
Telephone: _____ Fax: _____
Email: _____

Regulatory Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Regulatory Contact:

Name: _____
Title: _____
Address: _____
City: _____ State: ___ ZIP: _____
Telephone: _____ Fax: _____
Email: _____

Marketing Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Marketing Contact:

Name: _____
Title: _____
Address: _____
City: _____ State: ___ ZIP: _____
Telephone: _____ Fax: _____
Email: _____

Public Information for PSC Website (INFORMATION REQUIRED)

Marketing web page: _____
Customer Service Email: _____
Toll Free Number: _____

Vendor Contact (IF APPLICABLE)

Please provide the following contact information for vendors you intend to use (e.g., EDI):

Vendor Name: _____
Address: _____
City: _____ State: ___ ZIP: _____
Contact Name: _____
Telephone: _____ Fax: _____
Email: _____

3. Eligibility Filing Requirements

Incomplete Applications, including eligibility filing requirements, will not be processed

The following must be provided with your completed application:

- Copy, and proof of acceptance, of your registration with the NYS Department of State
- Comprehensive copy of your standard Sales Agreement(s), including presentation of Customer Disclosure Statement
- Marketing Representative ID Badge
- Marketing Standards Quality Assurance Plan
- Sample forms of notices to be sent upon:
 - Assignment of sales agreements
 - Discontinuance of service
 - Transfer of 5000 or more customers to other providers
- Sample(s) of your billing format(s)
- Procedures you will use to obtain customer's authorization for historic usage and credit information
- Copies of informational and promotional materials used for mass marketing purposes
- HEFPA documents, if providing energy supply to residential customers
 - Residential Payment Agreement
 - Asset Evaluation
 - Budget Billing Plan
 - Quarterly Billing
 - Past Due Reminder
 - Notification to Social Services of Customer Inability to Pay
 - Final Termination Notice
 - Final Suspension Notice
- Internal procedures for the prevention of slamming or cramming
- Copies of modified Residential and Non-Residential Sales Agreements if you intend to participate in an ESCO Referral Program under the ESCO Contract Option
- Attestation that you will comply with the requirements of New York State's Environmental Disclosure Program, if you intend to serve electric customers
- NYS DPS Office of Consumer Services Service Provider Form

If any information required with this application package is not enclosed, please attach a detailed explanation, and when it will be provided.

4. Identify the Types and Locations of Markets

Place an “x” in the applicable cells of the table below to 1) designate the individual Utility retail access programs in which you participate, or intend to participate, and the customer market(s) in each program you serve, or intend to serve 2) indicate the commodities you offer, or intend to offer, in each service territory, and 3) indicate the billing options you offer, or intend to offer, in each territory.

The designation “N/A” indicates that either a commodity or billing option is not available in a specific service territory. Note that dual billing capability is required for all ESCOs and utilities.

Utility	Customer Markets		Commodity		Billing Options		
	Residential	Nonresidential	Natural Gas	Electricity	Utility Rate Ready Consolidated	Utility Bill Ready Consolidated	Single Retailer
Central Hudson						N/A	N/A
Con Edison						N/A	N/A
Coning NG				N/A	N/A	N/A	N/A
LIPA			N/A		N/A	N/A	N/A
Natl. Grid (Downstate)				N/A	N/A		N/A
Natl. Grid (Upstate)						N/A	N/A
NFG				N/A		N/A	
NYSEG					N/A		N/A
O&R						N/A	N/A
RG&E					N/A		N/A
St. Lawrence				N/A	N/A	N/A	N/A

5. 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 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 _____ Print Name _____

Title _____ Date _____