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## ENERGY SERVICE COMPANY (ESCO) RETAIL ACCESS APPLICATION FORM

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### 1. Business Information

Business Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

If you intend to market your services under a DBA list name(s) here:  
(Copy of your certificate of assumed name is required)

Do you currently have any energy affiliates (including subsidiaries) located or  
operating within New York State?

Yes

No

If yes, provide the contact information for any entity with an ownership interest of 10  
percent or more in the company listed above:

Business Name:

Contact Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:



Marketing Contact

Name and Title:

Address:

City: State: Zip:

Telephone: Fax:

Email Address:

Power to Choose Website Information

Website Address:

Customer Service Email Address:

Toll Free Number:

Vendor Contact (e.g. EDI Vendor)

Vendor Name:

Address:

City: State: Zip:

Contact Name:

Telephone: Fax:

Email Address:

### **3. Additional Requirements**

#### **(Required for New ESCO Applications and Triennial Filings)**

- 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);
- Comprehensive copy of your standard sales agreement(s), including presentation of the customer disclosure statement;
- Marketing representative ID badge;
- Marketing standards quality assurance plan;
- Sample forms of notices for assignment, discontinuance and 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 information and promotional materials used for mass marketing purposes;
- HEFPA documents, if providing energy supply to residential customers;
- Internal procedures for the prevention of slamming or cramming;
- A list of entities, including contracts and sub-contractors, that will market on behalf of your ESCO;
- Attestation that you will comply with the requirements of the New York State's Environmental Disclosure Program, if you intend to serve electric customers;
- NYS DPS Office of Consumer Services Service Provider Form.
- Letter from a utility that you have successfully completed EDI Phase I Testing.

#### 4. Identify the Types and Locations of Markets

Place an “√” in the applicable cells of the table to 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.

Utility	Customer Markets		Commodity		Billing Options		
	Res	Non Res	Nat Gas	Electric	Utility Rate Ready	Utility Bill Ready	Single Retailer
Central Hudson						n/a	n/a
Con Edison						n/a	n/a
Corning Natural Gas				n/a	n/a	n/a	n/a
LIPA			n/a		n/a	n/a	n/a
National Grid (Downstate)				n/a	n/a		n/a
National Grid (Upstate)						n/a	n/a
National Fuel Gas				n/a		n/a	
NYSEG					n/a		n/a
Orange & Rockland						n/a	n/a
Rochester Gas & Electric					n/a		n/a
St. Lawrence				n/a	n/a	n/a	n/a

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.

## 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:

Company Name: