

**INITIAL CRES PROVIDER REGISTRATION APPLICATION**  
**for Power Marketer Services in Ohio Power Company d/b/a AEP Ohio**

Application for Competitive Retail Electric Service (CRES) Provider registration ONLY as a certified Power Marketer in AEP Ohio (the "Company") rate jurisdictions: Columbus Southern Power and Ohio Power. The Applicant shall scan and send via email this completed and signed application and accompanying financial information to:

**cresregistration@aep.com**

The Applicant will not be registered as a Power Marketer in AEP Ohio's service territory until (i) the Applicant's FULLY COMPLETED application is approved, (ii) AEP Ohio applicable agreements are executed, and (iii) all other registration requirements are completed. Applicant must reapply on an annual basis and update the application information. A non-refundable registration fee of \$100.00 will be assessed once this application and subsequent renewal applications are received.

This is NOT an application to be a Power Broker, Billing Agent, Meter Service Provider, Meter Data Management Agent or Governmental Aggregator.

**1. Applicant**

CRES Provider Name (Legal Name) \_\_\_\_\_  
State of Incorporation \_\_\_\_\_ Years in Business \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_ D&B Duns # \_\_\_\_\_  
Trade Name(s) [if different from Legal Name,  
include Ohio trade name filing(s)] \_\_\_\_\_  
Ohio Registered Agent for Service of Process \_\_\_\_\_

Entity Type \_\_\_\_\_  
Corporation - Public  
Corporation - Private  
Partnership (attach list of partners, general and limited)  
Limited Liability Company  
Other (Please indicate type below)  
\_\_\_\_\_

NERC ID \_\_\_\_\_

CRES Internet Web Site Domain \_\_\_\_\_

**Parent Company Information:**

Parent Company Legal Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Parent Internet Web Site Domain \_\_\_\_\_

**Applicant Primary Contact:**

First and Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_

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**2. CRES Provider Information**

Type of CRES Provider  
Provider (Mark all that apply)

Power Marketer/Energy Service  
Billing Agent  
Meter Service Provider  
Meter Data Management Agent

**Billing Provider Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Billing Type (Select all  
Separately) that apply. Election made  
at customer SDI level)

Dual Billing (Both CRES and the Company Bill Customer  
Bill Ready Company Consolidated Billing  
Rate Ready Company Consolidated Billing

Customer Class(es) marketer  
will serve (Mark all that apply)

Residential  
Mercantile  
Commercial  
Industrial

Power Marketer Maximum Anticipated Peak Summer Load \_\_\_\_\_ (In MW)  
(Estimate required. Value must be greater than zero.)

**PJM Account Information:**

PJM Short Name\*: \_\_\_\_\_  
PJM Long Name: \_\_\_\_\_  
Org ID: \_\_\_\_\_  
Third Party Supply Partner Associated to  
PJM Subaccount (if applicable)\*\*: \_\_\_\_\_

\* PJM account must be specific to only AEP Ohio load  
\*\* Declaration of Authority (DOA) may be required.  
(Ohio Choice Operations must be notified of any changes to the above PJM information)

**Scheduling/BLIT Contact Information (multiple contacts are permitted):**

First and Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**PUCO Certification:**

Applicant's PUCO Certification Application Case Number \_\_\_\_\_ PUCO Certificate Number \_\_\_\_\_

**Accounts Payable Contact Information (for Switch Fee Invoices):**

First and Last Name or Department \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Dispute Confirmation:**

Please confirm Applicant's dispute resolution process for customer complaints and attach document.



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**5. Representations**

Applicant

Affiliates

*Is the Applicant and/or its affiliates:*

Yes

No

Yes

No

a) Operating under federal bankruptcy laws?

b) Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact Applicant and/or Applicant's affiliates?

c) Subject to lawsuits or outstanding judgments?

Attach information for any items above marked "Yes".

Disclose all prior bankruptcies of Applicant and its affiliates

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**6. Financial Security Arrangements**

When applicable, if the Applicant does not provide the Company with adequate evidence of creditworthiness, the Applicant must provide and maintain financial security in a form and/or amount acceptable to the Company. to the Company. Additional detail on credit requirements is mentioned in the section titled "CRES Provider Credit Requirements" of the Tariff. Financial security formats are located on AEP Ohio's website at <https://www.aepohio.com/account/service/choice/cres/Register.aspx>. Any changes to the prescribed security format must be approved by the Company prior to issuance. Please mark the form of financial security proposed to be posted and provide additional information as requested below.

Cash

Guaranty

Guarantor's Legal Name \_\_\_\_\_

Senior Unsecured Debt Rating \_\_\_\_\_ Moody's \_\_\_\_\_ S&P \_\_\_\_\_  
(or, if unavailable, Corporate Issuer Rating) Fitch \_\_\_\_\_

Letter of Credit

Issuer Bank's Legal Name \_\_\_\_\_

Senior Unsecured Debt Rating \_\_\_\_\_ Moody's \_\_\_\_\_ S&P \_\_\_\_\_  
(or, if unavailable, Corporate Issuer Rating) Fitch \_\_\_\_\_

Surety Bond

Insurer's Legal Name \_\_\_\_\_

Long-term Issuer Credit Rating \_\_\_\_\_ AM Best \_\_\_\_\_  
Senior Unsecured Debt Rating \_\_\_\_\_ Moody's \_\_\_\_\_ S&P \_\_\_\_\_  
(or, if unavailable, Corporate Issuer Rating) Fitch \_\_\_\_\_

**7. EDI Contact Information - Delivery Transport Mechanism is via Internet**

EDI Vendor \_\_\_\_\_

Vendor Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

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**8. Customer Service Information**

Customer Service Supervisor Name \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
24 Hour Customer Service Toll Free Number \_\_\_\_\_  
Remittance Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

**9. Certification, Authorization, and Signature:**

Applicant certifies that it will notify AEP Ohio's Customer Choice Operations, at the email address shown on page 1, if any material, financial, or credit application information changes.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Applicant. Applicant further certifies that Letters of Authorization (LOA), as found on the AEP Ohio website, will be obtained from customers in accordance with Ohio Administrative Code and/or PUCO Rules; and Applicant will retain and submit LOA's to the Company upon request by the Company. Applicant further acknowledges and certifies that it, as well as its contracted EDI Vendor or In-house EDI Service will maintain necessary and timely communication and responses with AEP and also between the CRES Provider and the EDI Vendor, throughout EDI Certification Testing; and that if found to be unresponsive or uncooperative during Testing, the CRES Provider (and its contracted EDI Vendor or In-house EDI Service) will be removed from the ongoing EDI Certification Flight Test and the pending CRES Provider registration will be suspended. Applicant further certifies that it will not act as a Power Broker, Billing Agent, Meter Service Provider, Meter Data Management Agent or Governmental Aggregator under or in connection with this Power Marketer only application.

Applicant hereby authorizes the Company to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant \_\_\_\_\_

By marking this check box you are providing a facsimile of your signature as an authorized representative of the Applicant, and acknowledging and affirming the statements above.

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

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

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