

POWER BROKER REGISTRATION INITIAL APPLICATION
Ohio Power Company d/b/a AEP Ohio

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

cresregistration@aep.com

The Applicant will not be registered as a Power Broker in AEP Ohio's service territory until (i) the Applicant's FULLY COMPLETED application is approved, (ii) an AEP Ohio applicable agreement is executed, and (iii) all other registration requirements are completed. A non-refundable registration fee of \$356.00 will be assessed when this application is received. This is NOT an application to be an Energy Service Provider, Billing Agent, Meter Service Provider, Meter Data Management Agent or Governmental Aggregator. Applicant must reapply on an annual basis and update the application information.

1. Applicant

Power Broker (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)

Internet Web Site Domain _____

Parent Company Information:

Parent Company Legal Name _____ State of Incorporation _____
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. Power Broker Information

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

Provide a description of the applicant's corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

Applicant's PUCO Certification Case Number

PUCO Certificate Number

3. 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?

Provide information for any items above marked "Yes".

Disclose all prior bankruptcies of Applicant and its affiliates

4. Customer Service Information

Customer Service Supervisor Name

Address

City, State, Zip Code

Direct Dial Phone Number

E-Mail Address

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5. Certification, Authorization, and Signature:

Applicant certifies that it will notify AEP Ohio's Customer Choice Operations, at cresregistration@aep.com, if any material 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) will be obtained from customers and Applicant will retain and submit LOA's to the Company upon request. Applicant further certifies that it will not act as an Energy Service Provider, Billing Agent, Meter Service Provider, Meter Data Management Agent or Governmental Aggregator under or in connection to this Power Broker only application.

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

Legal Name of Applicant _____

Signature of Authorized Representative: _____

Name: (Please Print) _____

Title: _____

Date: _____