

**ANNUAL AGGREGATOR REGISTRATION APPLICATION  
for Aggregator Services in Ohio Power Company d/b/a AEP Ohio**

The Applicant shall submit this completed and signed application by email or US Mail as follows:

AEP Ohio  
Attn: Ohio Choice Operations  
700 Morrison Road  
Gahanna, OH 43230  
ohiochoiceoperation@aep.com

Applicant must reapply yearly, upon expiration or termination of aggregation, or any material change to the application, including but not limited to a change to the CRES Provider under contract with the Governmental Aggregator.

If the aggregation for which you are applying is related to a Non-governmental Aggregation, please contact AEP Ohio Choice Operations at ohiochoiceoperation@aep.com before completing the application.

Aggregator Account Information List will be provided to the Primary Governmental Aggregation Contact designated below unless written notice is provided otherwise. Customers who have directly contacted AEP Ohio to "opt off" the customer information list will be designated on the Aggregator Account Information List. Lists are refreshed, upon request, no more often than 30 days of previously received list.

AEP Ohio's provision of customer information in response to applicant's request should not be interpreted as any endorsement or statement of legal position regarding Governmental Aggregator's authority to conduct aggregation of customers within incorporated areas under R.C. 4928.20 or in connection with the municipal corporations' Home Rule powers under Article 18 of the Ohio Constitution.

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

**1. Applicant**

Governmental  
Aggregation Name \_\_\_\_\_  
(Community/Municipality/Township)

Please list the specific  
Unincorporated and \_\_\_\_\_  
Incorporated areas that are \_\_\_\_\_  
a part of the aggregation area \_\_\_\_\_

Applicants will receive separate lists for each unincorporated and incorporated area with one aggregation code.

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

Type of Governmental  
Aggregation \_\_\_\_\_ Opt IN \_\_\_\_\_ Opt OUT

\* By rule Mercantile customers must opt in to a governmental aggregation.

**Primary Governmental Aggregation Contact (list sent to primary contact):**

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

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**2. Broker/CRES Provider Serving Aggregation Group Primary Contact Information**

Community/Municipality/Township \_\_\_\_\_  
CRES Provider Name \_\_\_\_\_  
First and Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_

\*\*If list is to be sent to someone other than the primary contact in Section 1, please provide name and email address here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.

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

Signature of Authorized Representative: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

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

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

**This authorization will expire one year from the date of execution.**

Note: The Applicant hereby releases AEP Ohio, its affiliates, its employees, officers and agents from any and all liability associated with the third party use and/or dissemination of account information or other data that AEP Ohio provides in accordance with this authorization.

For AEP Ohio Use Only  
Assigned GAG Code: \_\_\_\_\_

\_\_\_\_\_