

**AGGREGATOR REGISTRATION APPLICATION
for Aggregator Services in Ohio Power Company**

The Applicant shall send via email this completed and signed application to:

ohiochoiceoperation@aep.com

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

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

The 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 Ohio Power to "opt off" the customer information list will be designated on the Aggregator Account Information List. Lists are refreshed, upon request, not less than 30 days of previously received list.

Ohio Power'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: _____

Note: The Applicant hereby releases Ohio Power, 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 Ohio Power provides in accordance with this authorization.

For Ohio Power Use Only

Assigned GAG Code: _____