INITIAL CRES PROVIDER REGISTRATION APPLICATION
for Power Marketer Services in Ohio Power Company

Application for Competitive Retail Electric Service (CRES) Provider registration ONLY as a certified Power Marketer in Ohio Power (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 Ohio Power's service territory until (i) the Applicant's FULLY COMPLETED application is approved, (ii) Ohio Power 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 $356.00 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 Ohio Power 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 _____

Dispute Confirmation:

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

3. Credit Information

Credit or Financial Contact Person:

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

4. Financial And Credit Requirements

Ohio Power will assess the credit risks associated with each applicant and at its sole discretion, determine the appropriate collateral that it will require of the applicant, if any. Collateral may be reassessed at any time based on a change in financial risks. Please refer to the Company's Retail Tariff for additional information.

Provide the following information for the applicant or its guarantor (if applicable):

a) Three most recent years of audited financial statements (balance sheet, income statement, and cash flow statement) or SEC Form 10-K. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted). If this is applicant's first year in business then the applicant may provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement), along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecast should be in an annualized format for the two years succeeding the Application year.

b) Most recent quarterly unaudited financial statements or monthly financial information (including a balance sheet, income statement, and cashflow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition or most recent SEC Form 10-Q.

		(Insert N/R if not rated)		
c) Senior Unsecured Debt Rating (or, if unavailable, Corporate Issuer Rating)	Moody's	_____	S&P	_____
	Fitch	_____		
d) Parent's Senior Unsecured Debt Rating (or, if unavailable, Corporate Issuer Rating)	Moody's	_____	S&P	_____
	Fitch	_____		

e) 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.

5. Representations

Is the Applicant and/or its affiliates:	Applicant Yes	Applicant No	Affiliates Yes	Affiliates 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

_____

_____

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 Ohio Power'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 (or, if unavailable, Corporate Issuer Rating) — Moody's _____ S&P _____ Fitch _____

☐ Letter of Credit

Issuer Bank's Legal Name _____

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

☒ Surety Bond

Insurer's Legal Name _____

Long-term Issuer Credit Rating — AM Best _____

Senior Unsecured Debt Rating (or, if unavailable, Corporate Issuer Rating) — Moody's _____ S&P _____ 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 _____

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 Ohio Power'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 Ohio Power 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 it's 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: _____