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## DISTRIBUTED ENERGY RESOURCE SUPPLIER (DERS) REGISTRATION FORM

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Pursuant to the Public Service Commission’s October 19, 2017 Order Establishing Oversight Framework and Uniform Business Practices for Distributed Energy Resource Suppliers in Case 15-M-0180 and to the Uniform Business Practices for DER Suppliers (UBP-DERS) adopted in that order, CDG Providers<sup>1</sup> and On-Site Mass Market DG Providers<sup>2</sup> are required to submit this form. Subsidiaries and partners, including contractors, subcontractors, special purpose entities, and tax equity investors, are not required to submit this form as long as a registered CDG Provider is part of and responsible for ensuring compliance with respect to each project.

**FILL OUT AND SUBMIT THIS FORM, ADDING LINES AND  
ADDITIONAL NAME AND ADDRESS BLOCKS AS NEEDED,  
AND FILE IN PDF FORM IN MATTER 17-02273, IN THE MATTER OF  
REGISTRATION FOR DER SUPPLIERS<sup>3</sup>**

### 1. Business Information

Business Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

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<sup>1</sup> Defined as “an entity that is acting or planning to act as a CDG Sponsor for one or more CDG projects, or that is otherwise engaged in soliciting customers, members, or subscribers for a CDG project or CDG projects, through its own employees or agents, on its own behalf. A CDG Sponsor is the entity that organizes, owns, and/or operates a CDG project.”

<sup>2</sup> Defined as “an entity that is engaged in soliciting mass market customers for a project or service that involves the installation of distributed generation equipment, such as solar panels, on the property of those mass market customers, through its own employees or contractors, on its own behalf rather than as a contractor.”

<sup>3</sup> Instructions on registering and filing are available at <http://www3.dps.ny.gov/W/PSCWeb.nsf/All/4BDF59B70BABE01585257687006F3A57?OpenDocument>.

If you intend to market your services under a DBA, provide a copy of your certificate of assumed name and list the name(s) here:

Type of Provider:

CDG Provider                      Mass Market On-Site DG Provider                      Both

Provide the contact information for any affiliates conducting energy-related business (including subsidiaries and parent corporations) within New York State or elsewhere.

Business Name:

Contact Name:

Address:

City:    State:    Zip:

Telephone:    Fax:

Email Address:

Provide the contact information for any parent company or other corporate entity with an ownership interest of 10 percent or more in the registrant:

Business Name:

Contact Name:

Address:

City:    State:    Zip:

Telephone:    Fax:

Email Address:

During the previous 24 months, have any criminal or regulatory sanctions been imposed on the registrant, any senior officer of the registrant, any corporate entity with corporate ownership interest of 10 percent. or any energy affiliates listed above?

Yes    No

If yes, identify the entities or individuals subject to sanctions and provide a detailed explanation of the sanctions:

Disclose any decisions or pending escalated regulatory actions in other states that affect the registrant's ability to operate in that state, such as suspension, revocation, or limitation of operating authority:

List and describe any current formal investigations involving the registrant being conducted by law enforcement or regulatory entities:

List and explain any acquisitions, mergers, dissolutions, or bankruptcy involving the registrant that occurred in the previous 24 months:

List and described of any security breaches associated with customer proprietary information in the last 24 months that involved the registrant, including a thorough description of the actions taken in response to any such instances:

## **2. Contact Information**

Executive Contact (Owner, CEO, or Executive responsible for New York service)

Name and Title:

Address:

City: State: Zip:

Telephone: Fax:

Email Address:

Regulatory Contact (Individual(s) Responsible for Ensuring Compliance with Regulatory Requirements)

Name and Title:

Address:

City: State: Zip:

Telephone: Fax:

Email Address:

Marketing Contact (Individual(s) Responsible for Responding to Consumer Inquiries and Complaints)

Name and Title:

Address:

City: State: Zip:

Telephone: Fax:

Email Address:

### 3. **Additional Requirements**

#### **(Required for New Registrants and Triennial Filings)**

- Copy and proof of acceptance of your registration with the NYS Department of State and a copy of your certificate of assumed name (if applicable);
- Sample sales agreements, including customer disclosure statement, and sample bills for each customer class for each material category of the CDG or On-Site Mass Market products or services that will be offered;
- Copies of information and promotional materials used for mass marketing purposes for each product offering;
- A list of entities, including contracts and sub-contractors, that market on behalf of your company;
- [NYS DPS Office of Consumer Services Service Provider Form.](#)

#### **4. Signature**

The person signing this application attests to the following: that she or he is an owner, partner, or officer of the business named on this registration package, the answers and materials contained in this registration package are true and the registration package submitted is complete and accurate. A DER Supplier that knowingly makes false statements in this registration package is subject to denial or revocation of eligibility.

Signature:

Print Name:

Title:

Date:

Company Name: