

New York State Department of Public Service

**Energy Service Company (ESCO)
RETAIL ACCESS APPLICATION FORM**

For all questions regarding this application, please contact Christine Bosy
at (518) 486-2432 or by email at christine.bosy@dps.ny.gov

Use additional sheets as necessary

1. Business Information

Business Name: Atlantic Power and Gas LLC

Address: PO Box 223

City: Huntington State: NY ZIP: 11743

Telephone: 631-923-2232 Fax: 632-923-2233

If you intend to market your services under other name(s) (e.g., d/b/a, alias) please list here:

Do you currently have any energy affiliates (including subsidiaries) located or operating within
New York State? YES NO

If yes, please provide the contact information for any entity with an ownership interest of 10 percent
or more in the company(ies) listed above?

Business Name:

Contact Person:

Address:

City: State: ZIP:

Telephone: Fax:

Email:

During the previous 36 months, have any criminal or regulatory sanctions been imposed for any senior
officer of the ESCO applicant, its subsidiaries or its energy affiliates listed above?

YES NO

If yes, please provide the following information:

Name:

Title:

Name:

Title:

Name:

Title:

2. Contact Information

Executive Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Executive Contact:

Name: Sandra Orofino

Title: President

Address: PO Box 223

City: Huntington State: NY ZIP: 11743

Telephone: 631-629-4211 Fax: 631-923-2233

Email: sandy@atlanticpowerandgas.com

Regulatory Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Regulatory Contact:

Name: Michael Xirinachs

Title: Representative

Address: PO Box 223

City: Huntington State: NY ZIP: 11743

Telephone: 631-923-2232 Fax: 631-923-2233

Email: michael@atlanticpowerandgas.com

Marketing Contact (INFORMATION REQUIRED)

Please provide the contact information for the person designated as the Marketing Contact:

Name: Michael Xirinachs

Title: Representative

Address: PO Box 223

City: Huntington State: NY ZIP: 11743

Telephone: 631-923-2232 Fax: 632-923-2233

Email: michael@atlanticpowerandgas.com

Public Information for PSC Website (INFORMATION REQUIRED)

Marketing web page: www.atlanticpowerandgas.com

Customer Service Email: info@atlanticpowerandgas.com

Toll Free Number: 1-888-489-8899

Vendor Contact (IF APPLICABLE)

Please provide the following contact information for vendors you intend to use (e.g., EDI):

Vendor Name: Enersoft

Address: 301 Madison Ave

City: Lakewood State: NJ ZIP: 08701

Contact Name: Fishel Frid

Telephone: 732-631-4900 Fax:

Email: ffrid@enersoft.biz

3. Eligibility Filing Requirements (Required for new applicants and triennial filings)

Incomplete Applications, including eligibility filing requirements, will not be processed

The following must be provided with your completed application:

- Copy, and proof of acceptance, of your registration with the NYS Department of State
- Comprehensive copy of your standard Sales Agreement(s), including presentation of Customer Disclosure Statement
- Marketing Representative ID Badge
- Marketing Standards Quality Assurance Plan
- Sample forms of notices to be sent upon:
 - Assignment of sales agreements
 - Discontinuance of service
 - Transfer of 5000 or more customers to other providers
- Sample(s) of your billing format(s)
- Procedures you will use to obtain customer's authorization for historic usage and credit information
- Copies of informational and promotional materials used for mass marketing purposes
- HEFPA documents, if providing energy supply to residential customers
 - Residential Payment Agreement
 - Asset Evaluation
 - Budget Billing Plan
 - Quarterly Billing
 - Past Due Reminder
 - Notification to Social Services of Customer Inability to Pay
 - Final Termination Notice
 - Final Suspension Notice
- Internal procedures for the prevention of slamming or cramming
- A list of the entities, including contractors and sub-contractors, that will market to customers on behalf of your ESCO.
- Attestation that you will comply with the requirements of New York State's Environmental Disclosure Program, if you intend to serve electric customers
- NYS DPS Office of Consumer Services Service Provider Form

If any information required with this application package is not enclosed, please attach a detailed explanation, and when it will be provided.

4. Identify the Types and Locations of Markets

Place an “x” in the applicable cells of the table below to 1) designate the individual Utility retail access programs in which you participate, or intend to participate, and the customer market(s) in each program you serve, or intend to serve 2) indicate the commodities you offer, or intend to offer, in each service territory, and 3) indicate the billing options you offer, or intend to offer, in each territory.

The designation “N/A” indicates that either a commodity or billing option is not available in a specific service territory. Note that dual billing capability is required for all ESCOs and utilities.

Utility	Customer Markets		Commodity		Billing Options		
	Residential	Nonresidential	Natural Gas	Electricity	Utility Rate Ready Consolidated	Utility Bill Ready Consolidated	Single Retailer
Central Hudson	✓	✓	✓	✓	✓	N/A	N/A
Con Edison	✓	✓	✓	✓	✓	N/A	N/A
Corning NG				N/A	N/A	N/A	N/A
LIPA			N/A		N/A	N/A	N/A
Natl. Grid (Downstate)	✓	✓	✓	N/A	N/A	✓	N/A
Natl. Grid (Upstate)	✓	✓	✓	✓	✓	N/A	N/A
NFG				N/A		N/A	
NYSEG					N/A		N/A
O&R						N/A	N/A
RG&E					N/A		N/A
St. Lawrence				N/A	N/A	N/A	N/A

5. 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 application, the answers and materials contained in this application package are true and the application package submitted is complete and accurate. An ESCO that knowingly makes false statements in this application package is subject to denial or revocation of eligibility.

Signature  Print Name Sandra Orofino
 Title President Date Feb 23, 2015