



Department of
Public Service

ENERGY SERVICE COMPANY (ESCO) RETAIL ACCESS APPLICATION FORM

1. Business Information

Business Name: Liberty Power Corp, LLC

Address: 1901 W Cypress Creek Road, STE 600

City: Fort Lauderdale

State: FL

Zip: 33309

Telephone: 866-769-3799

Fax: 954-252-4177

If you intend to market your services under a DBA list name(s) here:

(Copy of your certificate of assumed name is required)

Do you currently have any energy affiliates (including subsidiaries) located or operating within New York State?

Yes ☒

No ☐

If yes, provide the contact information for any entity with an ownership interest of 10 percent or more in the company listed above:

Business Name: Liberty Power Corp LLC

Contact Name: Garson Knapp

Address: 1901 W Cypress Creek Road, STE 600

City: Fort Lauderdale

State: FL

Zip: 33309

Telephone: 954-267-5422

Fax: 954-252-4177

Email Address: compliance@libertypowercorp.com

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, provide the following information:

Name:

Title:

Name:

Title:

2. Contact Information

Executive Contact

Name and Title: Alberto Daire, President

Address: 1901 W Cypress Creek Road, STE 600

City: Fort Lauderdale State: FL Zip: 33309

Telephone: 954-598-7003 Fax: 954-252-4177

Email Address: adaire@libertypowercorp.com

Regulatory Contact

Name and Title: Garson Knapp, Associate General Counsel

Address: 1901 W Cypress Creek Road, STE 600

City: Fort Lauderdale State: FL Zip: 33309

Telephone: 954-267-5422 Fax: 954-252-4177

Email Address: compliance@libertypowercorp.com

Marketing Contact

Name and Title: Tim LoCascio, Director, Marketing & Business Planning

Address: 1901 W Cypress Creek Road, STE 600

City: Fort Lauderdale

State: FL Zip: 33309

Telephone: 954-598-7063

Fax: 954-252-4177

Email Address: tlocascio@libertypowercorp.com

Power to Choose Website Information

Website Address: www.libertypowercorp.com

Customer Service Email Address: customercare@libertypowercorp.com

Toll Free Number: 866-POWER-99 (866-769-3799)

Vendor Contact (e.g. EDI Vendor)

Vendor Name: Energy Services Group

Address: 141 Longwater Drive, STE 113

City: Norwell

State: MA

Zip: 02061

Contact Name: Carol Collins

Telephone: 781-347-9000

Fax: 781-871-0792

Email Address: libertybilling@energyservicesgroup.com

3. Additional Requirements

(Required for New ESCO Applications and Triennial Filings)

- Copy and proof of acceptance of your registration with the NYS Dept of State and a copy of your certificate of assumed name (if applicable);
- Comprehensive copy of your standard sales agreement(s), including presentation of the customer disclosure statement;
- Marketing representative ID badge;
- Marketing standards quality assurance plan;
- Sample forms of notices for assignment, discontinuance and 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 information and promotional materials used for mass marketing purposes;
- HEFPA documents, if providing energy supply to residential customers;
- Internal procedures for the prevention of slamming or cramming;
- A list of entities, including contracts and sub-contractors, that will market on behalf of your ESCO;
- Attestation that you will comply with the requirements of the New York State's Environmental Disclosure Program, if you intend to serve electric customers;
- NYS DPS Office of Consumer Services Service Provider Form.
- Letter from a utility that you have successfully completed EDI Phase I Testing.

4. Identify the Types and Locations of Markets

Place an "✓" in the applicable cells of the table to 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.

Utility	Customer Markets		Commodity		Billing Options		
	Res	Non Res	Nat Gas	Electric	Utility Rate Ready	Utility Bill Ready	Single Retailer
Central Hudson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	n/a
Con Edison	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	n/a
Corning Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a
LIPA	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	n/a	n/a
National Grid (Downstate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>	n/a
National Grid (Upstate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	n/a
National Fuel Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>
NYSEG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input type="checkbox"/>	n/a
Orange & Rockland	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	n/a
Rochester Gas & Electric	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input type="checkbox"/>	n/a
St. Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a

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.

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: Harris Rosen

Title: VP Law and General Counsel

Date 2/2/2017

Company Name: Liberty Power Corp, LLC



ATTESTATION LETTER FOR ANNUAL COMPLIANCE

By Electronic Mail

Hon. Kathleen A. Burgess
Secretary
NYS Public Service Commission
Three Empire State Plaza
Albany, New York 12223

RE: Matter No. Case 14-02554 – ESCO Annual Compliance Filing

Liberty Power Corp, LLC

Dear Secretary Burgess:

This is to advise that, except for filings made to date, the information contained in the current Retail Access Application is current and valid. Thank you for your assistance in this matter.

Respectively Submitted,

Harris Rosen
VP Law and General Counsel

Powerful Together

1901 W. Cypress Creek Rd., Suite 600 • Ft. Lauderdale, FL 33309 • 1-866-POWER-99 (1-866-769-3799) • www.libertypowercorp.com

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