



January 19, 2022

VIA ELECTRONIC FILING

Hon. Michelle L. Phillips
Secretary to the Commission
New York State Public Service Commission
Empire State Plaza
Agency Building 3
Albany, NY 12223-1350

RE: Matter Number 14-02554
ESCO Annual Compliance Filing
DTE Energy Trading, Inc.

Dear Secretary Phillips:

This is to advise that, except for filings made to date, the information contained in the current Retail Access Application is current and valid.

If you have any questions, please contact me.

Regards,

Ann Marie Jambor

Ann Marie Jambor
Contract Administration Associate
One Energy Plaza, 400 WCB
Detroit, MI 48226-1221
Office: 313-548-8035
Cell: 734.358.3937
Email: jambora@dteenergy.com

Revised RAAF with Address & Phone Number Changes
Effective January 1, 2022



Department of
Public Service

ENERGY SERVICE COMPANY (ESCO)
RETAIL ACCESS APPLICATION FORM

1. Business Information

Business Name: _____

Address: _____ **One Energy Plaza, 400 WCB**

City: _____ State: _____ Zip: _____ **Detroit, MI 48226**

Telephone: _____ Fax: _____ **313-235-4000**

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: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

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: _____

Address: _____

**One Energy Plaza,
400 WCB**

City: _____ State: _____ Zip: _____

Detroit, MI 48226

Telephone: _____ Fax: _____

313-548-8215

Email Address: _____

Regulatory Contact

Name and Title: _____

Address: _____

**One Energy Plaza,
400 WCB**

City: _____ State: _____ Zip: _____

Detroit, MI 48226

Telephone: _____ Fax: _____

313-548-8060

Email Address: _____

Marketing Contact

Name and Title: _____

Address: _____

**One Energy Plaza,
400 WCB**

City: _____ State: _____ Zip: _____

Detroit, MI 48226

Telephone: _____ Fax: _____

313-548-8155

Email Address: _____

Power to Choose Website Information

Website Address: _____

Customer Service Email Address: _____

Toll Free Number: _____

Vendor Contact (e.g. EDI Vendor)

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone: _____ Fax: _____

Email Address: _____

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;
- Third party verification (TPV) script;
- 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 contractors 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

For Eligible ESCOs that have completed Phase III Testing, place an “√” in the applicable cells of the table below to 1) designate the individual utility retail access programs in which you participate, and the customer market(s) in each program you serve; 2) indicate the commodities you offer in each service territory, and 3) indicate the billing options you offer in each territory. **If you are a new ESCO applying for eligibility, please leave this section blank. If you are an ESCO that has eligibility but are not serving, leave this section blank.**

Utility	Customer Markets		Commodity		Billing Options			
	Res	Non Res	Nat Gas	Electric	Utility Rate Ready	Utility Bill Ready	*Single Retailer	Dual Bill
Central Hudson						n/a	n/a	n/a
Con Edison						n/a	n/a	n/a
Corning Natural Gas				n/a	n/a	n/a	n/a	n/a
LIPA			n/a		n/a	n/a	n/a	n/a
National Grid (KEDNY, KEDLI)				n/a	n/a		n/a	n/a
National Grid (Upstate)						n/a	n/a	n/a
National Fuel Gas				n/a		n/a		
NYSEG					n/a		n/a	n/a
Orange & Rockland						n/a	n/a	
Rochester Gas & Electric					n/a		n/a	n/a
St. Lawrence				n/a	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.

*Single Retailer is also known as “ESCO Consolidated Billing”

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: Thomas R. New Print Name: _____

Title: _____ Date: December 4, 2020

Company Name: _____

CMCF



New York State Public Service Commission
Office of Consumer Services
Service Provider Contact Information

Completed forms should be submitted by fax to 518-472-8501

Date 12-7-2020

Company Name DTE Energy Trading, Inc.

Service Type (Check all that apply): Gas Elec ESCO Cable TV
Water ILEC CLEC Toll Only Other _____

President Mark W. Stiers
Mailing Address ~~414 South Main Street, Suite 600, Ann Arbor, MI 48104~~
One Energy Plaza, 400 WCB, Detroit, MI 48226
Email Address mark.stiers@dteenergy.com
Phone Number 734-302-4833 Fax Number _____

Vice President / Director of Customer Service Thomas R. Neu, Vice President
Mailing Address ~~414 South Main Street, Suite 200, Ann Arbor, MI 48104~~
One Energy Plaza, 400 WCB, Detroit, MI 48226
Email Address thomas.neu@dteenergy.com
Phone Number ~~734-887-4019~~ **313-548-8215** Fax Number _____

Primary Regulatory Complaint Manager Cynthia M. Klots, General Counsel
Mailing Address ~~414 South Main Street, Suite 200, Ann Arbor, MI 48104~~
One Energy Plaza, 400 WCB, Detroit, MI 48226
Email Address cynthia.klots@dteenergy.com
Phone Number ~~734-887-2171~~ **313-548-8060** Fax Number _____

Secondary Regulatory Complaint Manager Don Richmond, Manager, Contract Administration
Mailing Address ~~414 South Main Street, Suite 200, Ann Arbor, MI 48104~~
One Energy Plaza, 400 WCB, Detroit, MI 48226
Email Address donald.richmond@dteenergy.com
Phone Number ~~734-887-2161~~ **313-548-8077** Fax Number _____

The PSC electronically transmits consumer complaints to service providers. You must identify a fax number and/or an email address box that is shared by a group of people. (NOTE: WE WILL NOT SEND COMPLAINTS TO PERSONAL EMAIL ADDRESSES. A SHARED EMAIL ADDRESS MUST BE IDENTIFIED OR THE TRANSMISSION WILL DEFAULT TO THE FAX NUMBER) Please identify the address/es to which we should transmit our complaints:

Email: dte_trading_legal@dteenergy.com **Fax:** _____