

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: All American Power and Gas LLC

Address: 7924 11th Avenue

City: Brooklyn State: NY ZIP: 11228

Telephone: 917-709-1155 Fax:

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

AAP&G

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: All American Power and Gas LLC

Contact Person: Michael Proscia

Address: 7924 11th Avenue

City: Brooklyn State: NY ZIP: 11228

Telephone: 917-709-1155 Fax:

Email: bdmap@aol.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, 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: Michael Proscia
Title: Managing Member
Address: 7924 11th Avenue
City: Brooklyn State: NY ZIP: 11228
Telephone: 917-709-1155 Fax:
Email: bdmap@aol.com

Regulatory Contact (INFORMATION REQUIRED)

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

Name: Michael Proscia
Title: Managing Member
Address: 7924 11th Avenue
City: Brooklyn State: NY ZIP: 11228
Telephone: 917-709-1155 Fax:
Email: bdmap@aol.com

Marketing Contact (INFORMATION REQUIRED)

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

Name: Michael Proscia
Title: Managing Member
Address: 7924 11th Avenue
City: Brooklyn State: NY ZIP: 11228
Telephone: 917-709-1155 Fax:
Email: bdmap@aol.com

Public Information for PSC Website (INFORMATION REQUIRED)

Marketing web page: allamericanpowerandgas.com
Customer Service Email: customerservice@allamericanpowerandgas
Toll Free Number: 917-709-1155

Vendor Contact (IF APPLICABLE)

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

Vendor Name:
Address:
City: State: ZIP:
Contact Name:
Telephone: Fax:
Email:

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	X	X	X			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)	X	X	X	N/A	N/A		N/A
Natl. Grid (Upstate)	X	X	X			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 MICHAEL PROSCIA

Title MANAGING MEMBER

Date 2/24/2015