**Attachment A**

**CANDIDATE CRR HOLDER APPLICATION FORM**

# A. Candidate CRR Holder Application Form

This application is for certification of the applicant as a Candidate CRR Holder by the California Independent System Operator Corporation (“CAISO”) in accordance with the CAISO Tariff. The information provided for this application will be treated as confidential information.

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| *Section I: Administrative Requirements* | | | | |
| **Applicant’s Legal Name** *Note*: *This company name must be used on all documentation submitted to the CAISO. Use of an inconsistent name may result in the document being returned to you for correction thus delaying the registration process.* |  | | | |
| **Street Address** |  | | | |
| **City, State, Zip Code** | City: | | State: | Zip Code: |
| **State of Incorporation or Partnership (if applicable)** |  | | | |
| **Proposed Commencement Date for Service** |  | | | |
| **Entity Type** *(Municipal utility, power marketer, investor owned utility, federal or state entity or other)* |  | | | |
| **Is your company a registered certified Scheduling Coordinator with the CAISO?** | Yes If Yes, Please provide your SCID(s):  No | | | |
| **If your company is NOT registered as a certified Scheduling Coordinator, please complete this section**  **Scheduling Coordinator ID (SCID)**  *Provide three options for your SCID. The SCID has to start with a letter and must be four characters. The SCID is a unique identifier used throughout the CAISO Market systems. The CRRH applicant is granted one SCID with its application.* | First Choice: | Second Choice: | | Third Choice: |
| **Select the CRR Markets your company wishes to participate in:** | CRR Allocation Enter LSE/ESP/CCA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DUNS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CRR Auction  CRR Secondary Registration System (SRS) | | | |
| **Has someone from your company completed the CAISO CRR Training Course?** | Yes If Yes,  Please provide full name:\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates Training completed:  No | | | |

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| *Section II: CRR Registration Process Contact Information* | | | | |
| **Authorized Primary Customer Services Contact (works with CAISO during/after the Candidate CRR Holder certification process )** | | | | |
| **Name** |  | | | |
| **Title** |  | | | |
| **Email Address** |  | | | |
| **Desk Phone Number** |  | | | |
| **Mobile Phone Number (optional)** |  | | | |
| **Fax Number** |  | | | |
| **Street Address** *If different than the one listed under Section I- Administrative Requirements.* |  | | | |
| **City, State, Zip Code** | City: | State: | Zip Code: | |
| **Authorized Alternate Customer Services Contact** *(alternate person that can provide backup responsibilities if the CAISO is unable to contact the primary contact)* | | | | |
| **Name** |  | | | |
| **Title** |  | | | |
| **Email Address** |  | | | |
| **Desk Phone Number** |  | | | |
| **Mobile Phone Number (optional)** |  | | | |
| **Fax Number** |  | | | |
| **Street Address** *If different than the one listed under Section I- Administrative Requirements.* |  | | | |
| **City, State, Zip Code** | City: | State: | | Zip Code: |

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| *Section III: Signatory Page* | | | |
| The undersigned hereby represents and confirms that all information submitted herein is true and accurate to the best of his/her knowledge.   The undersigned hereby acknowledges that it is the responsibility of the undersigned to provide the CAISO with all confidential and/or proprietary information that is reasonably needed to determine the CRRH applicant’s eligibility to become a CRRH.   The undersigned further hereby acknowledges that: (i) it is the responsibility of the undersigned to inform the CAISO of any change to any of the information submitted in this Candidate CRR Holder Application Form immediately upon learning of any such change; (ii) that this responsibility will continue to apply even after the Applicant becomes a certified CRRH; (iii) CAISO reserves the right to reevaluate the applicant in light of the new information; and that (iv) an CRRH applicant’s failure to promptly notify the CAISO of a change in information may result in termination of the CRRH Application Process or revocation of CRRH Applicant. | | | |
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| **Signatory Block** | | | |
| Company Name: | |  | |
| Authorized Representative Signature: | |  | |
| Authorized Representative Name: | |  | |
| Authorized Representative Title: | |  | |
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| Email a signed PDF copy of the CRR application to [SCRequests@caiso.com](mailto:SCRequests@caiso.com) and send the $5,000.00application fee via wire to:  Bank ABA#: 121000248  Account #: 4122041783  Bank Name: WELLS FARGO BANK  Account Name: CONCENTRATION | | | |
|  |  | | |
| Otherwise, send a hardcopy of the applicable applicant forms with the Signatory Page and $5,000.00 registration fee to:  CAISO Customer Service and Stakeholder Affairs  ATTN: CRR Application Processing Office  250 Outcropping Way  Folsom, CA 95630 | | | |

**Attachment B**

**CRR ENTITY AGREEMENT**

**INFORMATION REQUEST SHEET**

# B. CRR Entity Agreement Information Request Sheet

**To initiate a CRR Entity Agreement (CRREA), please fill in the information requested below and email this form with the completed Candidate CRR Holder Application to** [**SCRequests@caiso.com**](mailto:SCRequests@caiso.com) **.**

**All information must be complete before the execution version of the agreement can be prepared.**

|  |  |
| --- | --- |
| Full legal name of company | (Please verify legal spelling of name including capitalization and punctuation) |
| Legal street address of company |  |
| City/State/Zip code |  |
| Name of primary representative |  |
| Title |  |
| Company |  |
| Street address | (Street address is required with a P.O. Box only as additional information) |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |
| Name of alternative representative |  |
| Title |  |
| Company |  |
| Street address | (Street address is required with a P.O. Box only as additional information) |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |

REQUIRED FOR ELECTRONIC SIGNATURE PROCESS:

|  |  |
| --- | --- |
| Name of signatory |  |
| Email address |  |