



Connecticut Department of
Energy & Environmental Protection
Public Utilities Regulatory Authority

Application for a Connecticut Electric Aggregator Certificate of Registration

Attached is the Application for a Connecticut Electric Aggregator Certificate of Registration (Application). Filing instructions are included to assist the Applicant in the application process. Applicants are advised to consult the Decisions dated March 16, 2011 and March 30, 2011, in Docket No. 10-06-24, DPUC Review of the Current Status of the Competitive Supplier and Aggregator Market in Connecticut and Marketing Practices and Conduct of Participants in that Market, and the Ruling on Motion No. 16 in Docket No. 14-07-20RE01, for guidance on the proper conduct of aggregators.

As defined by C.G.S. §16-1(25)(A) an Electric Aggregator is a person, municipality or regional water authority that gathers together electric customers for the purpose of negotiating the purchase of electric generation services from an electric supplier. The Public Utilities Regulatory Authority has found that Aggregators “are the customers’ agents. Aggregators’ loyalty must lie with the customers, and as such, Aggregators may not represent or act as agents or representatives for any Suppliers at any time, or in any capacity. As required by statute, Aggregators must represent customers in negotiating the best electric generation price for those customers.” March 16, 2011 Decision in Docket No. 10-06-24. **An Aggregator may not accept compensation from any Supplier or serve as an agent for any Supplier.** Therefore, persons who are agents, salespersons and any other persons who receive compensation from an Electric Supplier should not apply because they are not eligible to act as an Electric Aggregator.

When filing the Application, the following requirements apply:

- An electronic copy of the Application must be submitted via the Authority’s Web Filing System. To file an Application electronically, please go to the Authority’s website at portal.ct.gov/pura. Click the link ‘*Make a Filing.*’ Follow the steps on this page to complete the filing process.
- All attachments, including Exhibits and Affidavits, should be clearly identified. For example, Exhibit A-10 should be marked, “Exhibit A-10: Business Registration”. All pages should be numbered and attached in sequential order.

To view any filings made by Suppliers or Aggregators who have already been licensed by the Authority or for any other related documents or information related to Suppliers and Aggregators, please go to the Authority’s website at [Information for Electric Suppliers and Aggregators](#).

Not more than 30 days after the Application is filed, the Authority will notify the Applicant in writing that the Application is complete and accepted, or that the Applicant must submit additional information. The Authority will issue its Decision regarding the Application after notice and a hearing (if required), no later than 90 days after the Application is deemed complete by the Authority.

If you have any questions about the Authority's electronic filing requirements, please dial 860-827-1553 (press #3) or submit your question via e-mail at pura.executivesecretary@ct.gov. If you have any other questions regarding the application, please call the Authority's Office of Education, Outreach, and Enforcement at 800-382-4586.



**Connecticut Department of
Energy & Environmental Protection
Public Utilities Regulatory Authority**

10 Franklin Square
New Britain, CT 06051
Phone: (860) 827-1553; Main Fax: (860) 827-2613
portal.ct.gov/pura

**Application for a Connecticut Electric Aggregator
Certificate of Registration**

A. APPLICANT'S ORGANIZATION:

(A-1) Legal name of Applicant: _____

(A-2) Applicant's headquarters: _____

Address: _____

Main Telephone: _____ **Fax:** _____

Website: _____

(A-3) Contact person for regulatory matters:

Name: _____

Address: _____

Direct Telephone: _____ **Fax:** _____

E-mail address _____

(A-4) Has Applicant ever applied for a Connecticut Electric Aggregator License or Certificate of Registration?

Yes If yes, under what Docket Number(s): _____

No

(A-5) Applicant is a:

Sole proprietorship

Corporation

General partnership

Limited partnership

Limited liability partnership

Limited liability company

Other: _____

(A-6) Applicant was organized or formed on: _____ in: _____
(date) (state)

(A-7) Applicant's principal office in Connecticut:

Address: _____

Main Telephone: _____ **Fax:** _____

(A-8) Applicant's general contact information for customer service and complaints:

Name: _____

Address: _____

Direct Telephone: _____ **Fax:** _____

E-mail address _____

(A-9) **Exhibit A-9: "Director and Officer Information"**

Provide a complete list identifying all of Applicant's officers, directors, partners or similar officers, including: (a) name; (b) job title; (c) business address and phone number; and (d) resume of each officer and director.

(A-10) **Exhibit A-10: "Business Registration"**

Provide at least one of the following:

- (a) Certificate of Incorporation certified by the Connecticut Secretary of the State, including the Articles of Incorporation filed with the state or jurisdiction in which Applicant is incorporated, include any amendments and bylaws thereto;
- (b) Certificate of Existence; or
- (c) Any other business registration on file with the Connecticut Secretary of the State.

(A-11) **Exhibit A-11: "Corporate Structure"**

Provide a chart or similar graphical depiction of Applicant's entire corporate structure, clearly indicating the names and relationships of all affiliates. Additionally, identify any affiliates that are licensed electric suppliers in Connecticut.

(A-12) **Exhibit A-12: "Financial Statements"**

Provide the following:

- a) A copy of Applicant's most recent financial statements which should, at a minimum, include a comparative balance sheet, income statement, and notes to financial statements;
- b) A copy of the Applicant's budgeted financial statements for the upcoming 12-month fiscal period;
- c) A summary of the Applicant's projected fees for the upcoming 12-month fiscal period broken down by defined fee structures (e.g. monthly, quarterly, annual) in alignment with Applicant's response to B-4(d) below; and
- d) If applicable, a detailed description of the Applicant's capital structure and how the Applicant would ensure that prepaid customer funds would be available in the event of service cancellations in alignment with Applicant's response to B-5 below.

(A-13) Is Applicant currently or has Applicant ever been an aggregator, in any state?

Yes If yes, provide **Exhibit A-13: "Operations in other States."** For each state in which Applicant currently operates or has previously operated, provide the following: (a) status of Applicant's operations (e.g., active, inactive, pending); (b) copy of all decisions or orders of the agencies granting or denying Applicant the authority to aggregate; (c) reasons for the cessation of Applicant's operations, if applicable; and (d) any other relevant information or materials.

No

(A-14) Is Applicant, any officer or any affiliate currently under investigation in any state?

Yes If yes, provide **Exhibit A-14: "Investigation for Violation of Consumer Protection Law."** For each investigation, provide the following: (a) name of the state and agency conducting the investigation; (b) date on which investigation began; (c) description of the nature of the alleged violation; and (d) status of the investigation.

No

(A-15) Has Applicant, any officer or any affiliate ever been fined, sanctioned, or otherwise penalized?

Yes If yes, provide **Exhibit A-15: "History of Penalties"** For each fine, sanction or penalty, provide all of the following: (a) date of the fine, sanction or penalty; (b) name of state and/or agency imposing the fine, sanction or penalty; (c) description of the violation; (d) description of the fine, sanction or penalty, including monetary amounts, if applicable; and (e) a copy of the order imposing the fine, sanction or penalty.

No

B. PROPOSED SCOPE OF SERVICE:

(B-1) Applicant proposes to serve the following geographic area(s):

The ENTIRE State of Connecticut

Other:

(B-2) Type of customer(s) Applicant proposes to serve: *(check all that apply)*

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

MUNICIPAL

GOVERNMENTAL

OTHER:

(B-3) Date(s) on which Applicant plans to begin operations in Connecticut: _____

(B-4) Exhibit B-4: "Electric Aggregation Program"

Provide a detailed statement or explanation regarding how Applicant intends to serve as an electric aggregator in this state. Such statement shall include but not limited to a detailed description of each of the following:

(a) Applicant's electric aggregation program;

(b) Marketing methods Applicant intends to use;

(c) The requirements or obligations to be imposed on electric customers, including any membership or fee requirements;

(d) Applicant's membership fee structures and schedules, if any, including a copy of any contract issued to a customer;

(e) How Applicant intends to select electric suppliers for Applicant's electric customers;

(f) How Applicant will be compensated for Applicant's electric aggregation services and a description of such compensation or pricing structures or schedules, specifically indicating if Applicant will be compensated by customers, suppliers, and/or both;

(g) Copies of any contracts between the Applicant and electric suppliers; and

(h) A description of any other services that Applicant intends to offer Applicant's electric customers.

(B-5) Exhibit B-5: "Customer Termination"

Provide a detailed description of the following:

- (a) Applicant's termination policy, including the grounds for and process by which customers can be terminated from Applicant's electric aggregation program; if an Early Termination Fee will be charged and in what circumstances; how the Early Termination Fee is calculated; and how customers are made aware of the Early Termination Fee.
- (b) The process by which a dissatisfied customer can terminate their relationship with the Applicant, including any policies for refunds of fees or advance payments.

C. CONSUMER SERVICES:

(C-1) Contact for Regulatory Complaints: Provide the name, address, telephone number, fax number and e-mail address of the Applicant's/Company's employee that the Authority should contact regarding customer complaints.

Name: _____

Address: _____

Direct Telephone: _____ **Fax:** _____

E-mail address _____

(C-2) Provide a sample copy of the notice to be issued to aggregated customers as required pursuant to §16-245-3(d) of the Regulations of Connecticut State Agencies.

(C-3) Reference Application **Exhibit B-4, "Electric Aggregation Program."** How does the Applicant intend to provide its aggregated customers with the Company's address, toll-free telephone number and all other customer service-related information?

D. AFFIDAVITS: (2 AFFIDAVITS ATTACHED BELOW)

AFFIDAVIT #1
"Veracity of Statements"

State of: _____

ss. _____
(town)

County of: _____

_____, Affiant, being duly sworn/affirmed according to law,
(name)

deposes and says that he/she is the _____ of
(title)

_____ (Applicant) and that he/she is
(company name)

authorized to make this affidavit for the Applicant;

That, _____ certifies under penalty of law that
(applicant)

all statements made in this Application for certificate of registration are true and complete and that it will amend its Application while the Application is pending if any changes occur regarding the information provided in the Application, within ten days of any such change.

That the facts above set forth are true and correct to the best of his/her knowledge, information and belief and that he/she expects said Applicant to be able to prove the same.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____,
(month) (year)

Signature of Official Administering Oath

Printed Name and Title

My commission expires _____
(for Notary Publics only)

AFFIDAVIT #2
"National Labor Relations Act and CUTPA"

State of: _____

ss. _____
(town)

County of: _____

_____, Affiant, being duly sworn/affirmed according to law,
(name)

deposes and says that he/she is the _____ of
(title)

_____ (Applicant) and that he/she is
(company name)

authorized to make this affidavit for the Applicant;

That, _____ affirms that it shall ensure that,
(Applicant)

where applicable, it complies with the National Labor Relations Act and regulations, if applicable, and it complies with the Connecticut Unfair Trade Practices Act and applicable regulations.

That the facts above set forth are true and correct to the best of his/her knowledge, information and belief and that he/she expects said Applicant to be able to prove the same.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____
(month) (year)

Signature of Official Administering Oath

Printed Name and Title

My commission expires _____
(for Notary Publics only)