 **The Commonwealth of Massachusetts**

**DEPARTMENT OF Public Utilities**

One South Station, 3rd floor

Boston, MAssachusetts 02110

617-305-3500

**Competitive supplier license application - new**

**220 CMR 11.05**

Submit the complete original application to: Secretary Mark D. Marini, One South Station, 3rd floor, Boston, MA 02110. Submit an electronic copy of the application to: [dpu.electricsupply@mass.gov](mailto:dpu.electricsupply@mass.gov) and [mark.marini@mass.gov](mailto:mark.marini@mass.gov). Include all required attachments (e.g. training certificate, NEPOOL letter) with this application, and clearly indicate which question each attachment is associated with. Include a check in the amount of **$100.00**, **payable to the Commonwealth of Massachusetts**. Applicant must file a license renewal application annually by July 1.

1. **GENERAL BUSINESS INFORMATION**
2. Legal name of applicant:

Doing business as (D/B/A):

1. Business address:
2. If a corporation, association, or partnership:

(a) Organized under the laws of which state:

(b) Date of organization:

(c) Attach a copy of the articles of incorporation, association, partnership

agreement or other document regarding legal organization.

(d) Attach a copy of the by-laws, if applicable.

1. Name and title of all officers and directors, partners, or other similar officials (add additional rows as necessary):

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |

1. Name, title, toll-free telephone number, and email address of customer service contact person:

Name Title

Toll-tree telephone number (required) Email

1. Name, title, and direct telephone number and direct email address of regulatory contact person. This person will receive renewal application reminder notices and would also be contacted for questions or concerns related to the applicant’s license.

Name Title

Address

Direct telephone number (required) Email

1. Website URL (optional):
2. Name and address of resident agent for service of process (the resident agent must have a physical address located in Massachusetts. P.O. boxes are not allowed. The resident agent must be available to accept service of process during normal business hours (9am‑5pm)):

Name

Address

1. Identify the number of staff employed by the applicant.
2. Provide résumés or biographies of key staff persons.
3. Provide a description of the services (both energy-related and other) that the applicant has provided since the company was formed.
4. Identify the applicant’s intent regarding obtaining a gas supplier license:

|  |  |
| --- | --- |
|  | I am already licensed as a gas supplier in Massachusetts. |
|  | I am simultaneously applying for a gas supplier license in Massachusetts. |
|  | I am not interested in seeking a gas supplier license at this time. |

1. **PROPOSED SERVICES**
2. Identify the service territories in which the applicant intends to provide competitive supplier services in Massachusetts. For each service territory, specify whether the applicant intends to market directly to residential customers, commercial and industrial customers, or both:

|  |  |  |
| --- | --- | --- |
|  | Residential | Commercial & Industrial |
| Eversource East |  |  |
| Eversource West | **☐** | **☐** |
| National Grid |  |  |
| Unitil | **☐** | **☐** |

1. If the applicant intends to market to residential and/or small commercial and industrial customers, please consider listing products through our Energy Switch Website (“Website”). For more information on our Website, visit <http://www.energyswitchma.gov/>.

|  |  |
| --- | --- |
|  | Yes, I intend to use the Website to list supply products |
|  | No, at this time I do not intend to use the Website to list supply products |
|  | Not applicable |

1. **TECHNICAL ABILITY**
2. Identify the states in which the applicant currently provides competitive supplier services.
3. Provide a list of the organized wholesale electricity markets administered by a

regional transmission organization (“RTO”) in which the applicant has operated as a “load serving entity” (i.e., has purchased wholesale electricity products for resale to retail customers). For each such market, provide the following information in the table, below:

|  |  |  |  |
| --- | --- | --- | --- |
| RTO | RTO contact information (name, email address, telephone number) | The date in which the applicant began operating as a load serving entity \* | Has the applicant been subject to disciplinary action by the RTO? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*If the applicant no longer operates as a load serving entity, also provide the end date.

1. State whether the applicant intends to conduct its electronic business transactions (“EBT”) activities using internal staff or a third-party provider. If internal staff, identify the staff person(s) and describe that person(s) experience in conducting these activities. If third-party provider, provide contact information for the provider-- name, email address, and telephone number.
2. Provide:

(a) Proof that applicant has at least two years of experience acting as a load serving entity in an organized wholesale electricity market (and has not been subject to disciplinary action); **or**

(b) Résumé of staff that has at least two years of experience providing load serving entity services for another entity (applicable only for applicants that are new to providing load serving entity services).

1. Provide evidence of applicant’s attendance at one of the competitive supplier/electricity broker training sessions conducted jointly by the Massachusetts distribution companies. For upcoming training sessions, contact your local utility company or visit the Department’s Mass.gov [website](https://www.mass.gov/how-to/apply-for-a-competitive-supplier-or-electricity-broker-license).
2. **FINANCIAL ABILITY**
3. Provide documentation that the applicant is a NEPOOL participant or will meet its transaction requirements through a contractual arrangement with a NEPOOL participant.
4. Provide a résumé of the person responsible for financial risk management plans and procedures (the résumé should include experience in other states and/or jurisdictions, if applicable).
5. **MARKETING AND CUSTOMER SERVICE**
6. If the applicant intends to market to residential and/or small commercial and industrial customers via door‑to‑door or telemarketing, provide the following information regarding the applicant’s intended use of third-party vendors:

|  |  |
| --- | --- |
|  | I do not intend to use third-party door-to-door and/or telemarketing vendors. |
|  | I intend to use third-party door-to-door and/or telemarketing vendors, but have not yet selected such vendors. |
|  | I intend to use third-party door-to-door and/or telemarketing vendors, and have appended the list of such vendors to this application. |

**If applicant intends to serve residential customers, answer questions 23-31:**

1. Identify all methods by which the applicant intends to market to residential customers in Massachusetts:

|  |  |
| --- | --- |
|  | Referrals/existing relationships |
|  | Direct mail |
|  | Telemarketing |
|  | Internet/email |
|  | Department’s Energy Switch Website: <http://www.energyswitchma.gov/> |
|  | TV/radio/newspaper |
|  | Door-to-door |
|  | Other: |

1. For each marketing method identified above, provide copies of current marketing materials.
2. If the applicant intends to telemarket, provide a copy of the telemarketing script and third‑party verification script.
3. Describe the applicant’s plan to train sales, marketing, and customer service staff identified above. Provide copies of training materials.
4. State how the applicant will communicate pricing to customers.
5. For each state where the applicant is licensed to provide competitive supplier services (identified in question 15), specify whether the applicant serves residential customers.
6. For each state where the applicant is licensed to serve residential customers, provide the total number of complaints per month on file with the state public utility commission over the last 24 months.
7. Provide copies of the standard contract(s) the applicant will require residential customers to sign in Massachusetts.
8. State whether the applicant’s standard contract(s) include an early termination fee. If yes, identify the early termination fee amount and the section in the contract(s) where the fee is described.

**VI. LEGAL AND REGULATORY INFORMATION**

1. Provide a statement (with appropriate citation to corporate articles or by-laws or other operative documents) that acting as a competitive supplier is not an *ultra vires* purpose (beyond the scope) of the entity.
2. Provide a description of the corporate structure of the applicant (e.g., identification of parent company, affiliates, owners).
3. Has there been any bankruptcy, dissolution, merger, or acquisitions of the entity in the last five years? If yes, please provide a summary.

Yes  No

Summary:

1. Provide a statement identifying whether any director, officer, or other similar official has been convicted of a felony or held liable for any antitrust violation as described in 220 CMR § 11.05(2)(b)(17).
2. Have there been any consumer protection related actions (regulatory agency or attorney general office) taken against the applicant in any jurisdiction? If yes, please provide a summary.

Yes  No

Summary:

1. Provide documentation establishing that the signatories to this application are authorized so to act on behalf of the applicant in filing this application (e.g., in the case of a corporate applicant, a vote of the board of directors authorizing the signatories to bind the corporation).
2. **DECLARATION**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name and title) (print name and title)

declare that I/we have personally reviewed the above statements and that they are true and correct and complete in all material respects. I/We further declare that the information contained in this application was prepared and compiled under our supervision and control. I/We further declare that I/we are authorized by the applicant to file this application on its behalf. I/We acknowledge that we have a positive duty to ascertain the accuracy and completeness of this application and that I/we sign this declaration under personal pains and penalties of perjury, including, but not limited to, those provided by G.L. c. 268, § 6. I/We acknowledge that the applicant is liable for the actions of all third‑party contractors whose services it may use.

Dated this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(day) (month) (year) (place of execution)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARIZATION:

Notarial seal: