 **The Commonwealth of Massachusetts**

**DEPARTMENT OF Public Utilities**

One South Station, 3rd floor

Boston, MAssachusetts 02110

617-305-3500

**Electricity broker license application - new**

**220 CMR 11.05**

Submit the complete 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 and mark.marini@mass.gov. Include all required attachments (e.g., training certificate) with this application, and clearly indicate which question the attachment is associated with. Be sure to submit the **$100.00** application fee at <https://www.mass.gov/how-to/apply-for-a-competitive-supplier-or-electricity-broker-license> so that we can process your new license application. 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 retail agent license:

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

1. **PROPOSED SERVICES**
2. Identify the services the applicant intends to provide:

|  |  |
| --- | --- |
| **Individual Competitive Supply Customers** | **Municipal Aggregation Program Customers** |
| **Residential** | **Commercial and industrial** | **Residential** | **Commercial and industrial** |
| [ ]  | [ ]  | [ ]  | [ ]  |
| *Answer questions in Sections III and V* | *Answer questions in Section III* | *Answer questions in Section IV* |

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 website).
2. **TECHNICAL ABILITY – INDIVIDUAL COMPETITIVE SUPPLY**

**If applicant intends to serve individual residential or commercial and industrial customers, answer questions 15-17:**

1. Identify the states in which the applicant currently provides electricity broker services.
2. Provide a list of all competitive suppliers with which the applicant has entered into an agreement to act as an electricity broker in the states identified above.
3. For a minimum of three suppliers from question 15, fill out the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplier name** | **Competitive supplier contact information (name, email address and telephone number)** | **The date the agreement took effect** | **The states in which the agreement is in effect\*** | **MA supplier license number (if licensed in MA)** |
|  | name:email:telephone: |  |  |  |
|  | name:email:telephone: |  |  |  |
|  | name:email:telephone: |  |  |  |

\* List MA if the agreement with the supplier will be in effect in Massachusetts upon Department approval of this application.

1. **TECHNICAL ABILITY - MUNICIPAL AGGREGATION PROGRAM CONSULTING SERVICES**

**If applicant intends to offer municipal aggregation program consulting services, answer questions 18-21:**

1. (a) Identify all the jurisdictions (or states) in which the applicant currently provides or provided municipal aggregation program consulting services (answer Question 19 and skip Question 20); **or**

(b) Provide a statement that the applicant has no experience providing municipal aggregation program consulting services (skip Question 19 and answer Question 20).

1. If you answered Question 18(a):

(a) For a minimum of three jurisdictions from Question 18 (if available), provide the relevant tasks the applicant performed; and

1. Provide a description and/or examples of each of the tasks performed.

|  |  |  |  |
| --- | --- | --- | --- |
| State |  |  |  |
| Municipality |  |  |  |
| Start/End dates |  |  |  |
| Tasks Performed | Procurement of supply | [ ]  | [ ]  | [ ]  |
| Product rate setting/ renewable content | [ ]  | [ ]  | [ ]  |
| Customer enrollment | [ ]  | [ ]  | [ ]  |
| Customer notifications | [ ]  | [ ]  | [ ]  |
| Customer education/ outreach | [ ]  | [ ]  | [ ]  |
| Customer service | [ ]  | [ ]  | [ ]  |
| Ongoing program information | [ ]  | [ ]  | [ ]  |

1. If you answered Question 18(b), provide a résumé of staff that has at least two years of experience providing municipal aggregation consulting services (applicable only for applicants that are new to providing municipal aggregation consulting services).
2. State whether you have read and are familiar with the Department’s most recent [Guidelines](https://fileservice.eea.comacloud.net/FileService.Api/file/FileRoom/19333979).

[ ]  Yes [ ]  No

1. **MARKETING AND CUSTOMER SERVICE**

**If applicant intends to serve individual residential customers, answer questions 22-28:**

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

|  |  |
| --- | --- |
| **☐** | Referrals/existing relationships |
| **☐** | Direct mail |
| **☐** | Telemarketing |
| **☐** | Internet/email |
| **☐** | 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 electricity broker services (identified in question 14), 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. **LEGAL AND REGULATORY INFORMATION**
8. Provide a statement (with appropriate citation to corporate articles or by-laws or other operative documents) that acting as an electricity broker is not an ultra vires purpose (beyond the scope) of the entity.
9. Provide a description of the corporate structure of the applicant (e.g., identification of parent company, affiliates, owners).
10. Do you have affiliated companies that are licensed as a competitive supplier or an electricity broker in Massachusetts?

[ ]  Yes [ ]  No

If yes, provide the following information for all existing licensed affiliates (add rows as necessary):

|  |  |
| --- | --- |
| Company name | License number (starts with CS or EB) |
|  |  |
|  |  |
|  |  |

1. 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: