**The Commonwealth of Massachusetts**

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**DEPARTMENT OF Public Utilities**

One South Station, 5th floor

Boston, MA 02110

617-305-3500

**Electricity Broker License Application for New Applicants**

 **Pursuant to 220 C.M.R. § 11.00 et seq.**

REQUIRES ANNUAL FEE and ANNUAL RENEWAL

Please submit an original, one copy, and an electronic copy on a CD-ROM or USB key to the address above along with a $100.00 annual fee. Include all required attachments (e.g. training certificate) in the initial application that you submit to the Department.

1. **GENERAL BUSINESS INFORMATION**
2. Legal Name of Applicant:

 Doing business as (D/B/A):

1. Business Address:

1. 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.

1. Name, Title, and Business Address of all Officers and Directors, Partners, or other similar Officials:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, Title, Toll-Free Telephone Number, and Email Address of Customer Service Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Toll-Free Telephone Number (required) Email

1. Name, Title, and Direct Telephone Number and Email Address of Regulatory Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Email

Fax Number and Website URL (Optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and address of Resident Agent for Service of Process (must be located in Massachusetts):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. **PROPOSED SERVICES**
5. Identify the service territories the Applicant intends to provide electricity broker 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 |
| National Grid |  |  |
| NSTAR Electric |  |  |
| WMECo |  |  |
| Unitil |  |  |

1. For each customer class identified above, provide a description of the specific electricity broker services that the Applicant intends to provide.
2. **TECHNICAL ABILITY**
3. Identify the states in which the Applicant currently provides electricity broker services.
4. 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.
5. For a minimum of three suppliers from Item 14 (if available), 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 applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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. **MARKETING AND CUSTOMER SERVICE**
3. Identify all methods by which the Applicant intends to market to customers in Massachusetts:

|  |  |
| --- | --- |
|  | Referrals/existing relationships |
|  | Direct mail |
|  | Telemarketing |
|  | Internet/email |
|  | TV/radio/newspaper |
|  | Door-to-door |
|  | Other:  |

**If Applicant intends to serve residential customers, answer questions 18-23:**

1. For each marketing method identified above, state whether the method will be performed by in-house employees or outsourced/contract/third-party representatives. Provide copies of marketing materials that reflect the Applicant’s latest practices.
2. If the Applicant intends to use a telemarketing campaign, provide a copy of the telemarketing script and Third Party Verification (TPV) script.
3. Describe the Applicant’s plan to train sales, marketing, and customer service staff identified above. Provide copies of training materials that reflect the company’s latest practices.
4. How will Applicant communicate pricing to customers?
5. For each state where the Applicant is licensed to provide electricity broker services (identified in Question 13), 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. Provide a summary of any history of bankruptcy, dissolution, merger, or acquisition of the entity in the last five years.
11. 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 C.M.R. § 11.05(2)(b)(17).
12. Provide a statement identifying whether there have been any regulatory actions taken against the Applicant in any jurisdiction.
13. 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).
14. **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.

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

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

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

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

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

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

NOTARIZATION:

Notarial Seal: