 **The Commonwealth of Massachusetts**

**DEPARTMENT OF Public Utilities**

One South Station, 3rd floor

Boston, MAssachusetts 02110

617-305-3500

**Competitive gas supplier license application - new**

**220 CMR 14.00**

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.gassupply@mass.gov** and mark.marini@mass.gov. Include all required attachments with this application, and clearly indicate which question each attachment is associated with. Be sure to submit the $100.00 application fee <https://www.mass.gov/how-to/apply-for-a-gas-supplier-or-retail-agent-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 (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 an electric competitive supply license:

|  |  |
| --- | --- |
| [ ]  | I am already licensed as an electric competitive supplier in Massachusetts. |
| [ ]  | I am simultaneously applying for an electric competitive supply license in Massachusetts. |
| [ ]  | I am not interested in seeking an electric competitive supply license at this time in Massachusetts. |

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 |
| Bay State Gas Company | [ ]  | [ ]  |
| Berkshire Gas Company | [ ]  | [ ]  |
| Blackstone Gas Company | [ ]  | [ ]  |
| Fitchburg Gas and Electric Co. | [ ]  | [ ]  |
| National Grid (Boston Gas & Colonial Gas) | [ ]  | [ ]  |
| New England Natural Gas Company | [ ]  | [ ]  |
| NSTAR Gas Company | [ ]  | [ ]  |

1. For each customer class identified above, provide a description of the specific gas supplier services that the applicant intends to provide.
2. Provide a statement that the applicant will comply with the information disclosure regulations (220 CMR 14.05).
3. **TECHNICAL ABILITY**
4. Identify the states in which the applicant currently provides gas supplier services.
5. Provide documentation of technical ability to procure and deliver natural gas (such as previous gas resource experience in Massachusetts or as a shipper on interstate pipelines delivering to New England or the Northeast market) or to provide other proposed services.
6. Provide documentation that the applicant is an approved shipper on the upstream pipelines and underground storage facilities used to serve residential customers in Massachusetts.
7. **FINANCIAL ABILITY**
8. Provide evidence of financial capability (such as the level of capitalization or corporate parent backing) to provide the proposed services.
9. Provide a document that outlines the applicant’s financial risk management policies and procedures.
10. Provide a résumé of the person responsible for financial risk management plans and procedures (if applicable, the résumé should include experience in other states and/or jurisdictions).
11. **MARKETING AND CUSTOMER SERVICE**
12. Identify whether the applicant intends to use third-party vendors for door-to-door or telemarketing

|  |  |
| --- | --- |
| [ ]  | I do not plan on using third-party vendors for door-to-door or telemarketing |
| [ ]  | I plan on using third-party vendors for door-to-door or telemarketing but have not selected a company at this time. |
| [ ]  | I plan on using third-party vendors for marketing and have appended the third-party door-to-door and/or telemarketing 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 |
| [ ]  | 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 16), 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.
9. **LEGAL AND REGULATORY INFORMATION**
10. 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.
11. Provide a description of the corporate structure of the applicant (e.g., identification of parent company, affiliates, owners).
12. Do you have affiliated companies that are licensed as a gas supplier or a retail agent 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 GS or RA) |
|  |  |
|  |  |
|  |  |

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: