 **The Commonwealth of Massachusetts**

**DEPARTMENT OF Public Utilities**

One South Station, 3rd floor

Boston, MAssachusetts 02110

617-305-3500

**Gas retail agent license application - new**

**220 CMR 14.04**

Submit the complete application to: Secretary Mark D. Marini, One South Station, 3rdfloor, 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 the 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 an electricity broker license:

|  |  |
| --- | --- |
| [ ]  | I am already licensed as an electricity broker in Massachusetts. |
| [ ]  | I am simultaneously applying for an electricity broker license in Massachusetts. |
| [ ]  | I am not interested in seeking an electricity broker license at this time in Massachusetts. |

1. **PROPOSED SERVICES**
2. Identify the service territories the applicant intends to provide gas retail agent 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 retail agent services that the applicant intends to provide.
2. **TECHNICAL ABILITY**
3. Identify the states in which the applicant currently provides gas retail agent services.
4. **MARKETING AND CUSTOMER SERVICE**

**If applicant intends to serve residential customers, answer questions 16-22:**

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 gas retail agent 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. **LEGAL AND REGULATORY INFORMATION**
8. Provide a statement (with appropriate citation to corporate articles or by-laws or other operative documents) that acting as a gas retail agent 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. 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 as defined by G.L. c. 274, § 1, or the equivalent law of any other jurisdiction, involving business fraud, or held liable for any antitrust violation pursuant to G.L. c. 93, c. 93A or the equivalent law of any other jurisdiction and whether the applicant business entity has itself been held liable for business fraud or antitrust violation (including the date and place of conviction or verdict, and nature of offense found).
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: