



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

ONE SOUTH STATION, 5TH FLOOR

BOSTON, MA 02110

617-305-3500

Gas Retail Agent License Application for Renewal Applicants

Pursuant to 220 C.M.R. § 14.00 et seq.

REQUIRES ANNUAL FEE and ANNUAL RENEWAL

Please submit an original, two copies, and an electronic copy on CD-ROM formatted for Microsoft Word to the address above along with a \$100.00 annual renewal fee.

Gas Retail Agent license number: **RA-** _____

I. GENERAL BUSINESS INFORMATION

1. Legal Name of Applicant: _____

Doing business as (D/B/A): _____

II. PROPOSED SERVICES

2. Identify the service territories and the number of customers in each customer class the Applicant currently serves or mark the territories the Applicant intends to provide Gas Retail Agent services in Massachusetts:

	Residential	Commercial & Industrial
Bay State Gas Company		
Berkshire Gas Company		
Blackstone Gas Company		
Fitchburg Gas and Electric Light Co.		
National Grid (Boston Gas & Colonial Gas)		
New England Natural Gas Company		
NSTAR Gas Company		

3. For each customer class identified above, provide a description of the specific Gas Retail Agent services that the Applicant provides or intends to provide.

4. Provide a statement that the applicant will comply with the information disclosure regulations (220 C.M.R. 14.05).

III. TECHNICAL ABILITY

5. Identify the states in which the Applicant currently provides Gas Retail Agent services.

IV. MARKETING AND CUSTOMER SERVICE

6. Identify all methods by which the Applicant markets or intends to market to customers in Massachusetts:

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

7. If applicable, provide a sample Bill demonstrating the Applicant's familiarity with 220 C.M.R. 14.04 (Applies to Applicants that plan to bill Retail Customers in accordance with the passthrough billing option, as set forth in 220 C.M.R. 14.03(6)(c)(1)).

If Applicant intends to serve residential customers, answer questions 8-13:

8. 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.
9. If the Applicant intends to use a telemarketing campaign, provide a copy of the telemarketing script and Third Party Verification (TPV) script.
10. 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.
11. How will Applicant communicate pricing to customers?

12. For each state where the Applicant is licensed to provide Gas Retail Agent services (identified in Item 5), specify whether the Applicant serves residential customers.
13. 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.
14. Provide copies of any contracts between the Applicant and potential residential customers that those customers will be required to sign. The contract(s) must be specific to the Massachusetts market and to residential customers. (Optional)

V. LEGAL AND REGULATORY INFORMATION

15. 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.
16. Provide a description of the corporate structure of the Applicant (e.g., identification of parent company, affiliates, owners).
17. Provide a summary of any history of bankruptcy, dissolution, merger, or acquisition of the entity in the last two calendar years immediately preceding the application.
18. 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).
19. Provide a statement identifying whether there have been any regulatory actions taken against the Applicant in any jurisdiction in the last two calendar years immediately preceding the application.
20. 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).

Complete for any change(s) in response to questions 20 through 28 since the Applicant's last application process.

I. GENERAL BUSINESS INFORMATION

21. Business Address: _____

22. 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) Please, attach a copy of the by-laws.

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
Name	Title
_____	_____
Address	
_____	_____
Toll-Free Telephone Number (required)	Email

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

_____	_____
Name	Title
_____	_____
Address	
_____	_____
Telephone	Email

Fax Number and Internet Address

26. Name and address of Resident Agent for Service of Process in Massachusetts for purposes of G.L. c.233A, § 3:

27. Identify the number of staff employed by the Applicant.

28. Provide resumes or biographies of key staff persons.

29. Provide a description of the services (both energy-related and other) that the Applicant has provided since the company was formed.

II. 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:

Date of Form: October 17, 2014

Mail Application with Fee to:
Mark Marini
Secretary
MA Department of Public Utilities
1 South Station
Boston, MA 02110