



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

ONE SOUTH STATION, 3RD FLOOR
BOSTON, MASSACHUSETTS 02110
617-305-3500

Competitive Gas Supplier and Retail Agent License Renewal Application 220 CMR 14.04

Submit the complete original application to: Secretary Peter Ray, One South Station, 3rd floor, Boston, MA 02110. Submit an electronic copy of the application to:

dpu.gassupply@mass.gov, and dpu.efiling@mass.gov. The electronic version must not be secure so that the document can be edited. Please do not use the trusted certificate feature in Adobe nor docverify. Furthermore, if filling out more than one application, each application should be its own independent document. Be sure to submit a \$100.00 application fee per renewal on our [gas supplier and retail agent license webpage](#) so that we can process your license renewal application. Applicant must file a license renewal application annually by July 1.

Applicant license number (include whether GS or RA): _____ *

Year renewal submitted: _____ *

Date you paid the license renewal fee online: _____ *

* 1. Legal name of applicant: _____

* 2. Business address: _____

3. Website URL (optional): _____

* 4. Name, title, toll-free telephone number, and email address of customer service contact person:

Name Title

Toll-free telephone number (required) Email

- * 5. 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

- * 6. 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

- * 7. Do you have affiliated companies that are licensed as a gas supplier or 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)

- * 8. Has there been any bankruptcy, dissolution, merger, or acquisition changes for the applicant in the last year? If yes, please provide a summary.
 Yes No
 Summary:

- * 9. Has there been any regulatory actions taken against the applicant in any jurisdiction in the last year? If yes, please provide a summary.

Yes No

Summary:

- * 10. Provide a description of the corporate structure of the applicant (e.g., identification of parent company, affiliates).

DECLARATION

*

I/We, _____
(print name and title)

and, _____ declare that I/we have personally reviewed the
(print name and title)

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: