

**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 Application – Expansion to Serve Residential Customers**

**220 CMR 14.04**

Submit this license application if the applicant is licensed to serve commercial and industrial customers in Massachusetts and seeks to expand its license to serve residential customers. 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, mark.marini@mass.gov, and patrick.m.houghton@mass.gov. Include all required attachments with this application, and clearly indicate which question each attachment is associated with. There is no fee for an expansion license application. Applicant must file a license renewal application annually by July 1.

Applicant license number (starts with GS or RA):

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

1. Name, title, and direct telephone number and direct email address of regulatory contact person:

Name Title

Address

 Direct telephone number (required) Email

1. Name and address of resident agent for service of process (must be located in Massachusetts):

Name

Address

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, state whether the method will be performed by employees or third-party contractors.
2. For each marketing method identified above, provide copies of current marketing materials.
3. If the applicant intends to telemarket, provide a copy of the telemarketing script and third‑party verification script.
4. Describe the applicant’s plan to train sales, marketing, and customer service staff identified above. Provide copies of training materials.
5. State how the applicant will communicate pricing to customers.
6. Provide the states where the applicant serves residential customers.
7. 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.

For competitive suppliers only:

1. Provide copies of the standard contract(s) the applicant will require residential customers to sign in Massachusetts.
2. 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.

**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: