Application Form for Registration as a Conservation Service Provider ("CSP") in the Commonwealth of Pennsylvania

- Contents of Conservation Service Provider Registration Application Package
  I. Registration Application. (Sections 1-5)
  II. Affidavit (Appendix A)
  III. Proof of Liability Insurance (Applicant required to attach)

- Instructions
  Filling out the Application and Labeling Attachments

  You may use the attached form to make your application. (Remove the cover sheets prior to filing.) If you need more space than is provided on this form or if you are attaching exhibits, state in the relevant section of the body of the application "see attachment _" or "see exhibit _". Be sure to label all attachments and exhibits in correspondence with the relevant section of the application. Lastly, be sure to answer all questions, including questions that may not be applicable.

  Incomplete applications or those missing any attachments are unacceptable for filing and will be returned or delayed for processing until the required information is sent to the Commission’s Secretary’s Bureau.

- Pertinent Legal Framework for Conservation Service Provider Registration

  Requirements for Conservation Service Providers, 66 Pa.C.S. §§ 2806.1(b)(1)(i)(E), 2806.1(m) & 2806.2.

  Referenced law can be found on the Commission website, www.puc.pa.gov, under regulatory information. As well, Title 52 (Public Utilities of the Pa. Code is available online at www.pacode.com. Copies are available from Fry Communications at (717) 766-0211.
• **Change to Information Provided in Application**

The Applicant is under a duty to inform the Commission of a material change in the information provided in the application during the pendency of the application, or while the CSP is operating in Pennsylvania. For more information on what constitutes a material change and when such changes should be reported, use 52 Pa. Code § 54.34 as guidance.

• **Affidavit**

Applicant must complete and submit with this Application and any subsequent documentation submitted to the Commission, such as emails, letters, and written responses to Commission data requests, the attached Affidavit, which must be signed by the Affiant and signed and dated by the official administering the oath, that to the best of the Applicant’s knowledge, information and belief that the facts set forth in this Application and all subsequent submissions are true and correct.

• **Fees**

The Applicant must submit a check payable to the Commonwealth of Pennsylvania with this Application. The fee for this Initial Application is $125. Check should be made payable to the Commonwealth of Pennsylvania.

• **Filing & Signing of Application**

  - **Hard Copy Filing**

    To file a hard copy application (first-class mail or in person) with the Pennsylvania Public Utility Commission, **file an ink-signed and verified (via notarized application affidavit – Appendix A) original and one copy** of your entire application, along with any attachments, in person, by overnight delivery service or by first class mail, with your check (if applicable) with the Commission’s Secretary’s Office in Harrisburg, Pennsylvania at:

    | Filing In Person or Overnight Delivery: | Filing by First-Class Mail: |
    |---------------------------------------|-----------------------------|
    | Pennsylvania Public Utility Commission Secretary | Pennsylvania Public Utility Commission Secretary |
    | Commonwealth Keystone Building, 2nd Floor Room 01 | P.O. Box 3265 |
    | Harrisburg, PA 17120 | Harrisburg, PA 17105-3265 |

  - **Electronic Filing (e-filing)**

    To file an electronic version of the application, visit the Commission’s e-filing page and follow the instructions. The page is located at [http://www.puc.pa.gov/efiling/default.aspx](http://www.puc.pa.gov/efiling/default.aspx). Also, see 52 Pa. Code Chapters 1 and 5.

**IMPORTANT AFFIDAVIT NOTE** – Affidavits must be notarized before they are e-filed.
Questions

Questions pertaining to completion of this application may be directed to the Bureau of Technical Utility Services at the above address or you may call the Bureau at the following number: 717-783-5242.

Subcontractors

Any third party individual or commercial entity that is awarded a contract by a registered CSP that is under a sub-contractual obligation to complete work related to an Electric Distribution Company’s Act 129 Energy Efficiency and Conservation Plan, whose financial budgetary obligation equals or exceeds 10% of that registered CSP’s contract with an Electric Distribution Company, IS required to obtain CSP registration. To confirm whether CSP registration is required under this sub-contractual obligation, the individual or commercial entity should seek the advice of the registered CSP.

Confidentiality

All information disclosed within this application is considered public information unless specifically labeled confidential. You have the responsibility to disclose to the Secretary’s Bureau what is privileged or confidential information not otherwise available to the public. You should submit one copy of all confidential information, on documents stamped "CONFIDENTIAL" at the top in clear and conspicuous letters, in a separate envelope (but still attached to the application) to the Secretary's Office along with the Application. For more information, see 52 Pa. Code § 54.32(f).

If you have e-filed your application, separately mail in any confidential information specifically identifying that you have e-filed the application. Be sure to specify the Applicant’s name, and provide the e-filing confirmation page.

COVER PAGES END. PLEASE REMOVE BEFORE FILING.
CONSERVATION SERVICE PROVIDER (“CSP”) APPLICATION
FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA

Conservation Service Providers (“CSPs”) have a specific role under Act 129, which requires a covered Electric Distribution Company’s Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to implement at least a portion of the EE&C Plan. 66 Pa.C.S. § 2806.1(b)(1)(i)(E). CSPs provide information and technical assistance to EDCs on measures that enable a person to increase energy efficiency or reduce energy consumption. CSPs must have no direct or indirect ownership, partnership or other affiliated interest with an EDC. 66 Pa.C.S. § 2806.1 (m). Only registered CSPs may advise an EDC and/or provide consultation, design, or administration or management services to an EDC related to the implementation of the EDC’s EE&C Plan. As such, registration of business entities as approved CSPs is required before entering into a contractual agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC’s EE&C plan. This registry is not intended as a resource for business, whose sole purpose is the installation of measures, supplying of equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

Any CSP subcontractor with an annual contract cost that equals or exceeds 10% of the CSP annual contract cost and is directly performing services pursuant to a contract with a CSP which has contracted with an EDC after Commission approval should also register as a CSP. This does not include third party contractors which participate in or support an EE&C Plan but are not directly contracted with a CSP which has a direct contractual relationship with the EDC subject to Act 129.

To qualify an applicant must have at least two years of experience in providing program consultation, design, administration, management or advisory services related to energy efficiency and conservation services. CSP registration is not required of entities that limit their services to the installation of energy efficiency measures or the provision of equipment or materials to EDC customers or the public in general.

I.  IDENTIFY OF THE APPLICANT

a. Legal Name of Applicant:

Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.1

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1 A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant’s Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant’s Pa. Dept. of State registration is “active.” Certified copies of Pa. Dept. of State documents are not required.
b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

☐ The Applicant will be using a fictitious name or doing business as (“d/b/a”). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.

☐ The Applicant will not be using a fictitious name.

c. Applicant Address:

d. Applicant Telephone No:

e. Applicant Email Address:

f. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s CSP Registry.

- Name
- Mailing Address
- Telephone
- Email Address

g. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

☐ Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.
h. Parent & Subsidiary Companies & Affiliates:

☐ Parent Name and Contact Information. Provide name and contact information for parent company. Check Box if any parent company is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.

☐ Subsidiaries and Contact Information. Provide name and contact information for all subsidiary companies. Check Box if any subsidiary is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.

☐ Affiliate(s) and Contact Information. Provide name and contact information for all affiliate companies. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.

i. Contracts & Business Partnerships:

☐ Check Box if Applicant intends to or has operated under contract with or has partnered with an EDC within the past five (5) years. If “None,” do not check the box and answer “None” below.

☐ Check Box if Applicant intends to or has operated under contract (subcontractor) with or has partnered with a CSP within the past five (5) years. If “None,” do not check the box and answer “None” below.

If any box above is checked, please provide name(s) of EDC(s) and CSP(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership.
j. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant’s organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

k. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant’s operations.

l. Provide Applicant’s Employer Identification No. (EIN): _______________________

2. **REGISTERED AGENT**

   a. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the Boxes below, as applicable:

   - □ YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant’s Department-Approved Registered Agent.
     - Registered Agent’s Name
     - Registered Agent’s Mailing Address
     - Registered Agent’s Telephone
     - Registered Agent’s Email Address

   - □ NO, the Applicant has not registered its business with the Pennsylvania Department of State. STOP—To avoid denial of your application and forfeiture of your application fee, you should contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth PRIOR TO completion and filing of this application with the Pennsylvania Public Utility Commission.
b. Applicant has registered its business with the Pennsylvania Department of State. Please check appropriate registration type for Applicant as designated with the Department.

- [ ] Sole proprietor (15 Pa. C.S. §4124)
- [ ] Domestic corporation (none)
- [ ] Domestic general partnership (15 Pa. C.S. §4124)
- [ ] Domestic limited liability company (15 Pa. C.S. §8913)
- [ ] Domestic limited liability partnership (15 Pa. C.S. §8201)
- [ ] Foreign corporation (15 Pa. C.S. §4124)
- [ ] Foreign general or limited partnership (15 Pa. C.S. §4124)
- [ ] Foreign limited liability company (15 Pa. C.S. §8981)
- [ ] Foreign limited liability general partnership (15 Pa. C.S. §8211)
- [ ] Foreign limited liability limited partnership (15 Pa. C.S. §8211)

c. If Applicant is not domiciled in the Commonwealth of Pennsylvania and is registered as a “foreign” entity as identified in Question 2.b., please identify all other states where applicant is registered and name the appropriate state department(s):
3. **APPLICANT’S OPERATIONS**

Respond to each of the following four questions relating to Applicant’s operations and its technical and financial fitness. Respond to each item and attach any additional information and/or statements to this Application as appropriate.

a. Describe nature of business:

b. Current status of business (check one):

   - □ Applicant is presently doing business in Pennsylvania
   - □ Applicant is presently not doing business in Pennsylvania

c. The Applicant proposes to provide the following information and technical services to an EDC. Check all services that apply and identify all EDCs with whom Applicant intends to conduct business.

   - □ Consultation
   - □ Design
   - □ Administration
   - □ Management
   - □ Advisory

   EDCs:

   - ____________________________________________

   - ____________________________________________

   - ____________________________________________

   - ____________________________________________

   - ____________________________________________

d. Attach to this Application a copy of any certification(s) or similar documentation that would demonstrate the technical fitness of Applicant, such as membership in trade associations, professional licenses, technical certifications, and/or names of current or past clients with a description of dates and types of services provided by Applicant.

e. Attach to this Application proof of current liability insurance coverage.
4. **COMPLIANCE**

Respond to each of the following Questions. Provide a statement as to the resolution or present status of any such proceedings, if applicable.

a. In the past three years has the Applicant, the parent company, an affiliate or predecessor or partner (contractor/subcontractor business relationship) of the Applicant, or any person identified by the Applicant in this Application, been investigated or convicted of a crime involving fraud, theft, larceny, deceit, violation of consumer protection law, violation of deceptive trade law or similar activity, whether before an administrative body or in a judicial forum, in which the Applicant, an affiliate, a predecessor of either, or a person identified herein has been a defendant or a respondent?
   □ No
   □ Yes. Provide explanation:

b. Is the Applicant, the parent company, an affiliate, or a predecessor of either, currently delinquent with any state or federal taxing authority?
   □ No
   □ Yes. Provide explanation:

c. Identify all bankruptcy or liquidation proceedings for the prior three years. If none, state “None” below.

d. Identify all customer complaints filed with a regulatory or prosecutor agency for the prior three years of the date of this application. In none, state “None” below.
5. **FALSIFICATION**

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

Signature of Principal Official: ______________________________

Official’s Name & Title (Please Print): ______________________________

Date: ______________________________
APPENDIX A - AFFIDAVIT

[Commonwealth/State] of ______________________ :

: ss.

County of ______________________ :

____________________, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the ______________________ (Office of Affiant) of _____________________ (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein __________________ has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein __________________ acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein __________________ acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein __________________ acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

__________________________________________________________________________

Signature of Affiant

Sworn and subscribed before me this ______ day of _____________, 20____.

__________________________________________________________________________

Signature of official administering oath

My commission expires: ____________________________.