

Entity Registration Form

Entity Information

Entity Name/Company (Legal Name):			
Date Submitted:		Preferred Acronym:	
Corporate Address:			
City, State, Zip:		Country:	
Corporate Website:			
NERC Compliance Registry (NCR) ID:		New Facility Test Power Sync Date:	
Registration Request: <input type="checkbox"/> New <input type="checkbox"/> Deactivation	BA <input type="checkbox"/> DP <input type="checkbox"/> DP-UFLS <input type="checkbox"/> GO <input type="checkbox"/> GOP <input type="checkbox"/> PA <input type="checkbox"/> RC <input type="checkbox"/> RP <input type="checkbox"/> TO <input type="checkbox"/> TOP <input type="checkbox"/> TP <input type="checkbox"/> TSP <input type="checkbox"/>		
DP Function: What is the peak Load (MW)?			
As a DP, does your entity own, control or operate:	1. a required Undervoltage Load Shedding (UVLS) program or	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2. a required Special Protection System or Remedial Action Scheme or	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. a required transmission Protection System or an	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	4. Underfrequency Load Shedding (UFLS) program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for request: (i.e. new registration, name change, removal of function, etc.)			
Has a BES Exception request been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List parent company and NERC ID (if applicable):			
List affiliates and NERC ID (if applicable): (Attach list if needed)			

Coordinated Functional Registration (CFR):	Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, CFR Number:
Joint Registration Organization (JRO):	Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, JRO Number:
Multi Regional Registered Entity (MRRE):	FRCC <input type="checkbox"/> MRO <input type="checkbox"/> NPCC <input type="checkbox"/> RF <input type="checkbox"/> SERC <input type="checkbox"/> Texas RE <input type="checkbox"/> WECC <input type="checkbox"/>
MRRE ID:	

Additional Comments:	
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Provide the entity's name and the NCR ID that performs the following:

Distribution Planner (DP)	
Generator Operator (GOP)	
Generator Owner (GO)	
Transmission Operator (TOP)	
Transmission Owner (TO)	
Transmission Planner (TP)	
Balancing Authority (BA)	
Reliability Coordinator (RC)	
Planning Authority (PA)	

Primary Compliance Contact (PCC) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		Email Address:	

Primary Compliance Contact Alternate (PCC/Alternate) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		Email Address:	

Authorizing Officer (AO) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		Email Address:	

Documentation related to Registration should be submitted through Texas RE's secure site (Extranet). For access to the Extranet, please send an email request to registration@texasre.org.

If applicable, please submit the following information to Texas RE via the Extranet: (1) one-line diagram(s), (2) interconnection agreement(s), (3) GO/GOP Asset Verification Form(s), and (4) Resource Asset Registration Form(s). Additional documentation may be required based on further evaluation of the request.

For questions about Registration, please contact:
Abby Fellingner at 512-583-4927 or registration@texasre.org