

## Certification Review Application

Please submit this form by email to [registration@texasre.org](mailto:registration@texasre.org).

### Entity Information

NERC Registered Entity (Legal Name):			
NERC ID Number:		Application Date:	
Corporate Address:			
City, State, Zip:			
List Neighboring Entity(s):			
Currently registered as:	BA <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 <input type="checkbox"/> DP-UFLS <input type="checkbox"/>		
Registered in other Region(s):	MRO <input type="checkbox"/> NPCC <input type="checkbox"/> RF <input type="checkbox"/> SERC <input type="checkbox"/> WECC <input type="checkbox"/>		

### Reason for Certification Revision – Check all that Apply

<input type="checkbox"/> Relocation of Control Center
<input type="checkbox"/> Complete replacement of a SCADA/EMS system
<input type="checkbox"/> Changes to an entity's footprint or operational challenges (i.e., TLRs) due to changes
<input type="checkbox"/> Organizational restructuring that could impact the BPS reliability
<input type="checkbox"/> Changes to entity ownership requiring major operating procedure changes
<input type="checkbox"/> Significant changes to CFR/JRO agreements or agreement changes
<input type="checkbox"/> Additional removal of member CFR/JRO utilities or entities

### Operational Information

Desired Go Live Date:		Date of On-Site Visit:	
Location of On-Site Visit:			
Details on CFR/JRO, if applicable:			
Operational considerations:			

**Is your entity participating in Coordinated Oversight/MRRE?** Yes  No

Applicable Registered Region(s):	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"/>
List Parent Company and NERC ID Number:	
List Affiliates and NERC ID Number:	

**Comments**

Comments pertinent to this certification review:	
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**Primary Compliance Contact (PCC) Information**

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

**Primary Compliance Contact Alternate (PCC/Alternate) Information**

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

For questions about the certification review process, please send an email to [registration@texasre.org](mailto:registration@texasre.org) or contact Abby Fellingner at 512-583-4927.