

Certification Application

Please submit this form by email to registration@texasre.org.

Entity Information

NERC Registered Entity (Legal Name):			
Entity Acronym and NERC ID Number:		Application Date:	
Corporate Address:			
City, State, Zip:			
List Neighboring Entity(s):			
Desired Certification:	BA <input type="checkbox"/> RC <input type="checkbox"/> TOP <input type="checkbox"/>		
Currently registered as:	DP <input type="checkbox"/> DP-UFLS <input type="checkbox"/> GO <input type="checkbox"/> GOP <input type="checkbox"/> PA <input type="checkbox"/> RP <input type="checkbox"/> TO <input type="checkbox"/> TP <input type="checkbox"/> TSP <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
Registered in other Region(s):	FRCC <input type="checkbox"/> MRO <input type="checkbox"/> NPCC <input type="checkbox"/> RF <input type="checkbox"/> SERC <input type="checkbox"/> WECC <input type="checkbox"/>		

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):	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"/>
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 process, please send an email to registration@texasre.org or contact Abby Fellingner at 512-583-4927.