



## Texas Reliability Entity, Inc. Certification Application

This form should be submitted via e-mail to [registration@texasre.org](mailto:registration@texasre.org)

NERC Registered Entity (Legal Name):			
Date:		Entity Acronym and NERC ID Number:	
Corporate Address:			
City, State, Zip:			
Desired Certification:	BA <input type="checkbox"/> RC <input type="checkbox"/> TOP <input type="checkbox"/>		
List Neighboring Entity(s):			
Currently registered as:	GO <input type="checkbox"/> GOP <input type="checkbox"/> DP <input type="checkbox"/> TO <input type="checkbox"/> TP <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"/> SPP <input type="checkbox"/> WECC <input type="checkbox"/>		

### Operational Information:

Desired Go Live Date:			
Location of On-Site Visit:		Date of On-Site Visit:	
Details on JRO/CFR, 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"/> SPP <input type="checkbox"/> TRE <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:	
---	--



### Primary Compliance Contact (PCC) Information

Name:			
Title:			
Contact Address:			
City, State, Zip		Telephone:	
E-Mail Address:			
Signature:		Date:	

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

Name:			
Title:			
Contact Address:			
City, State, Zip		Telephone:	
E-Mail Address:			
Signature:		Date:	