

APPALACHIAN POWER COMPANY
COMPETITIVE SERVICE PROVIDER REGISTRATION APPLICATION
for Participation in the Virginia Retail Access Program

The Applicant shall fax this completed and signed application, and accompanying financial information to (614) 716-3388 and follow-up with an original mailed to:

Appalachian Power Company
Choice Operations Support
1 Riverside Plaza, 13th Floor
Columbus, OH 43215
Attn: Robert Hewitt

The Applicant will not be registered to be a Competitive Service Provider (CSP) in Appalachian Power Company's (APCo) Virginia service territory until the Applicant's application is approved, all applicable agreements are executed, and EDI Testing and Certification is approved by the SCC.

1. Applicant

Provider Name (Legal Name) _____
State of Incorporation _____ Years in Business _____
Federal Tax ID _____ D&B Duns # _____
Trade Name (if different from
Legal Name) _____
Registered Agent _____

Entity Type _____
____ Corporation - Public
____ Corporation - Private
____ Partnership (attach list of general partners)
____ Limited Liability Company
____ Other (Please indicate type below)

NERC ID _____
PJM Short Name (6 Characters) _____

Parent Company Information:

Parent Company Name _____ State of Incorporation _____
Internet Web Site _____

Primary Contact:

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

Registered Agent:

Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

VSCC License Type _____

VSCC License Number _____

VSCC Application Case Number _____

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2. Competitive Service Provider Information

Type of CSP Energy Service Provider

Billing Provider Information:

Name _____

Address _____

City, State, Zip Code _____

Billing Type Dual Billing (Both CSP and APCo bill Customer Separately)

Billing Provider _____

Customer Class(es) to be Served. (Mark all that apply. To be included on list provided to customers.)

Residential/Small Commercial
 Commercial
 Industrial
 State
 County/Municipal

Geographic Service Area All of APCo's Virginia Service Territory
 Restricted Geographic Area

Specify Area if Restricted (Attach additional pages if necessary)

Maximum anticipated Peak Summer Load _____ (In MW)

Maximum anticipated Number of Customers to be served by Class in first 90 days

Residential/Small Commercial Commercial
 Industrial State County/Municipal

3. Bank Transfer Information

Bank Name: _____ ABA No.: _____

Contact: _____ Account No.: _____

Address: _____ Telephone: _____

City, State, Zip Code: _____

Account Type: (Select One) Direct Deposit Checking Direct Deposit Savings

Name on Account: _____

Payment Method:(Select One) Automated Clearing House Check

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4. Credit Information

Credit or Financial Contact Person

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

Please provide three (3) current credit references:

Company Name: _____	Contact: _____
Telephone No.: _____	
Company Name: _____	Contact: _____
Telephone No.: _____	
Company Name: _____	Contact: _____
Telephone No.: _____	

5. Bank Reference

Bank Name: _____	Account Officer: _____
Address: _____	Account No.: _____
City, State, Zip _____	

6. Supplemental Data

Please provide the following information for you and your parent company:

- a) Two (2) most recent Annual Reports;
- b) Most recent SEC Form 10-K and 10-Q; or, if SEC Form 10-K is unavailable substitute with audited annual financial information (including a balance sheet, income statement and cashflow statement);
- c) Most recent quarterly or monthly financial information (including a balance sheet, income statement, and cashflow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition.

d) Long-Term Bond Rating	Moody's _____	S&P _____
	Fitch _____	Duff & Phelps _____
e) Parent Long-Term Bond Rating	Moody's _____	S&P _____
	Fitch _____	Duff & Phelps _____

*Based on your creditworthiness, the APCo may allow an unsecured line of credit to cover all or part of the collateral required of your company. If you are a privately held company, you must submit your financial information as detailed above in item (c) in order to qualify for this option.

Please provide details of Applicant's dispute resolution process for customer complaints.

Please provide Applicant's Virginia State Corporation Commission CSP License Application Case Number

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7. Representations	Applicant		Parent	
Is the Applicant and/or its parent	Yes	No	Yes	No
a) Operating under federal bankruptcy laws?	_____	_____	_____	_____
b) Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Applicant's and/or parent's financial condition?	_____	_____	_____	_____
c) Subject to collection lawsuits or outstanding judgements which could impact solvency?	_____	_____	_____	_____
Disclose all prior bankruptcies of Applicant and its parent				

8. Financial Security Arrangements

If the Applicant does not provide Appalachian Power Company (APCo) with adequate evidence of creditworthiness, the Applicant must provide and maintain, in a form and/or amount acceptable to APCo, one of the following as financial security:

- a) a guarantee from a Guarantor approved by APCo for an amount covering four months of estimated financial risk/loss exposure. The guarantee must be submitted with proof of Guarantor's creditworthiness; or
- b) an irrevocable Letter of Credit from a financial institution with an "A-" (long term) or higher as rated by S&P or "A-3" (long term) or higher as rated by Moody's, valid for a period of not less than one year and renewable annually; or
- c) a surety bond, issued by a financial institution with at least an "A" or higher as rated by AM Best and "AA" or higher rating from Standard & Poors, valid for a period of not less than one year and renewable annually; or
- d) a cash deposit covering four months of estimated financial risk/loss exposure.

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9. EDI Contact Information

EDI Contact Name & Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____
Is EDI Provider a Third Party? Yes No

10. Customer Service Information

Customer Service Supervisor Name _____
Direct Dial Phone Number _____
Pager Number _____
Facsimile _____
E-Mail Address _____
24 Hour Customer Service Toll Free Phone Number _____
Remittance & Bill Inquiries Address _____
City, State, Zip Code _____

11. Certification, Authorization, and Signature:

APCo will treat all information, including financial statements, provided pursuant to the Applicant's registration in a confidential manner. APCo, however, may be required to disclose some or all of such information to the Virginia State Corporation Commission or pursuant to regulatory or court proceedings.

Applicant will notify AEP's Provider Relations, at the above facsimile and address, if any material, financial, or credit application information changes.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Applicant.

Applicant hereby authorizes APCo to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant _____

Signature of Authorized Representative: _____

Name: (Please Print) _____

Title: _____

Date: _____