for Participation in the Virginia Retail Access Program

Application for Competitive Service Provider (CSP) registration ONLY as a licensed CSP in the Appalachian Power Company (the "Company") rate jurisdiction. The Applicant shall email this completed and signed application and accompanying financial information to: virginiachoiceoperations@aep.com.

The Applicant will not be registered to be an CSP in the Company service territory until the Applicant's application is approved, all applicable agreements are executed, and all other registration requirements are completed. A non-refundable registration fee of \$100.00 will be assessed once this application and subsequent renewal applications are received.

L. Applicant		
Provider Name (Legal Name)		
State of Incorporation		
Federal Tax ID		
Years in Business		
D&B Duns #		
Trade Name (if different from		
Legal Name)		
Registered Agent		
Address		
City, State, Zip Code		
Email Address		
Telephone Number		•
		•
Entity Type	Corporation - Public	
	Corporation - Private	
	Partnership (attach list of partners, general and limited)	
	Limited Liability Company	
	Other (Please indicate type below)	
NERC ID		
CSP Internet Web Site Domain		
Parent Company Information:		
Parent Company Legal Name		
State of Incorporation		
Parent Internet Web Site Domain		
Applicant Primary Contact:		
First and Last Name		
Title		
Address		
City, State, Zip Code		
Email Address		
Telephone		

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mpetitive Service Provider Informat	ion	
Billing Provider Information:		
Name		
Address		
City, State, Zip Code		
Billing Type	XDual Billing (Both CSP	P and APCO Bill Customer Separately)
Billing Provider		
Customer Class(es) provider	Residential	
will serve (Mark all that apply)	Mercantile	
	Commercial	
	Industrial	
	All of ADCOLOVincinio	Service Territory
Geographic Service Area	All of APCO's Virginia	
CSP Maximum Anticipated Peak Sun (Estimate required. Value must be g	Restricted Geographi	ic Area (In MW)
CSP Maximum Anticipated Peak Sun	Restricted Geographi	
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g	Restricted Geographi	
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g  PJM Account Information:  PJM Short Name*:	Restricted Geographi	(In MW)
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g PJM Account Information: PJM Short Name*: PJM Long Name: Org ID: Third Party Supply Partner Associate	Restricted Geographi	(In MW)
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g  **PJM Account Information:**  PJM Short Name*:  PJM Long Name:  Org ID:	Restricted Geographi	(In MW)
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g PJM Account Information: PJM Short Name*: PJM Long Name: Org ID: Third Party Supply Partner Associate	Restricted Geographi nmer Load reater than zero.)  ed to conly AEP Virginia load may be required.	(In MW)
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be given place of the property	Restricted Geographi nmer Load reater than zero.)  ed to conly AEP Virginia load may be required.	(In MW)
CSP Maximum Anticipated Peak Sum (Estimate required. Value must be g PJM Account Information: PJM Short Name*: PJM Long Name: Org ID: Third Party Supply Partner Associate PJM Subaccount (if applicable)**:  * PJM account must be specific to ** Declaration of Authority (DOA)	Restricted Geographi nmer Load reater than zero.)  ed to conly AEP Virginia load may be required.	(In MW)

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3. Bank Transfer Information				
Bank Name:		ABA:		
Contact:		Account:		
Address:		Telephone:		
City, State, Zip Code:				
Account Type: (Select One)	Direct Deposit Checking		Direct Deposit Savings	
Name on Account:		•		
Payment Method:	_X Automated Clearing Hou	ise		
1. Credit Information				_
Credit or Financial Contact I	Person:			
First and Last Name				
Title				
Address				
City, State, Zip Code				
Email Address				
Telephone				
гетернопе				
5. Financial And Credit Requirem	ents			-
APCo will assess the credit risks	s associated with each applicant	and at its sole discretic	on, determine the appropriate collateral	
			used on a change in financial risks.	
	Retail Tariff for additional inform		sed on a change in maneral risks.	
ricuse refer to the company 31	retail farm for additional inform	iation.		
Provide the following informati	ion for the applicant or its guara	intor (if applicable):		
<del>-</del>			atement, and cash flow statement)	
			er certified financial statements.	
		•	rs of forecasted financial statements	
			assumptions, and the name, address,	
			an annualized format for the two	
		e forecast should be in	all allitualized format for the two	
years succeeding the Appl	ication year.			
b) Most recent quarterly una	audited financial statements or	monthly financial inforr	mation (including a balance sheet,	
income statement, and ca	shflow statement) accompanied	by an attestation by A	pplicant's Chief Financial Officer	
			cant's financial condition or most	
recent SEC Form 10-Q.	,			
Insert N/R if not rated				
	Air -	Mandy's COD		
c) Senior Unsecured Debt Ra	· ·	Moody's S&P		
(or, if unavailable, Corpora	ate	Fitch		
Issuer Rating)				
d) Parent's Senior Unsecured	d Debt	Moody's S&P		
Rating (or, if unavailable,		Fitch		
Issuer Rating)	50.60.400			
G,				
	ne Applicant's <b>Corporate Struct</b>			
graphical depiction of suc	h structure, and a list of all affilia	ate and subsidiary comp	panies that supply retail or	
wholesale electricity to cu	stomers in North America. If the	applicant is a stand-alo	one entity, then no graphical	
depiction is required and	applicant may respond by statin	g that they are a stand-	-alone entity with no affiliate or	
subsidiary companies.				

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presentations	Appl	icant	Affil	iates		
ls the Applicant and/or its affiliates:	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 Applicant	Yes	No	Yes	No		
and/or Applicant's affiliates?						
c) Subject to lawsuits or outstanding judgments?	Yes	No	Yes	No_		
Attach information for any items above marked "Yes".						
Disclose all prior bankruptcies of Applicant and its affiliate	S.					
						_
ancial Security Arrangements						
f the Applicant does not provide Appalachian Power Com		-				
If the Applicant does not provide Appalachian Power Com the Applicant must provide and maintain financial security	y in a form and/or a	amoun	it acce	ptable t	o APCo. A	dditional
If the Applicant does not provide Appalachian Power Com the Applicant must provide and maintain financial security detail on credit requirements is mentioned in the section t	y in a form and/or a titled "ESP Credit R	amoun equire	it acce ments	ptable t " of the	o APCo. A Tariff. Fin	dditional ancial
If the Applicant does not provide Appalachian Power Complete Applicant must provide and maintain financial security detail on credit requirements is mentioned in the section to security formats are located on APCo's website at https://	y in a form and/or a titled "ESP Credit R www.appalachiang	amoun equire oower.	it acce ments com/c	ptable t " of the ompany	o APCo. A Tariff. Fin /about/ra	dditional ancial tes/va.
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3. Customer Service Information	
Customer Service Supervisor Name	
Email Address	
24 Hour Customer Service Toll Free Number	
Remittance Address	
City, State, Zip Code	
9. Certification, Authorization, and Signature:	
	s, at the email address shown on page 1, 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 the Company to o	btain any information that may be required relative to this
Application from any source, including Application	nt's financial and trade references.
Applicant further certifies that Letters of Author	orization (LOA), as found on the APCO website, will be obtained
from customers in accordance with Virginia SC	C Rules.
in a confidential manner. APCo, however, may Virginia State Corporation Commission or purs	
	s a Power Broker, Billing Agent, Meter Service Provider, Meter gregator under or in connection with this Power Marketer only
Legal Name of Applicant	
Signature of Authorized	
Representative:	
Name: (Please Print)	
Title:	
Date:	