



A Member of the
Constellation Energy Group

ELECTRICITY SUPPLIER REGISTRATION FORM

GENERAL INFORMATION

1. Legal Name of Registrant: _____
2. Current Address: _____

 City: _____ State: _____ Zip Code: _____ - _____
3. Telephone Number: (____) _____
4. Fax Number: (____) _____
5. Dun and Bradstreet Number: _____
6. Federal Tax ID: _____
7. Contact person: The name, title, address, telephone number, e-mail address, and fax number of the person to whom questions about this application should be addressed:
 Name: _____
 Title: _____
 Address: _____
 Telephone: (____) _____
 e-mail Address: _____
 Fax: (____) _____

SECTION II OPERATIONAL INFORMATION

A. PREREQUISITE REQUIREMENTS

1. Provide proof that you are licensed by the Maryland Public Service Commission to operate in the State of Maryland.
2. Provide proof of membership in PJM

B. ELECTRONIC DATA INTERCHANGE

1. What VAN service do you currently utilize? _____
2. What are your Sender/Receiver qualifier and ID? _____
3. List the names, titles, telephone numbers and e-mail addresses of your EDI business and/or technical contact:

Name	Title	Telephone	e-mail Address

C. SALES AND CUSTOMER SERVICE

1. List the names, titles, telephone numbers and e-mail addresses of the personnel responsible for managing the sale of electricity to residential, industrial and commercial Customers:

Name	Title	Telephone	e-mail Address

2. Select the billing method/s you plan to offer:

- Dual Billing
 Local Distribution Company Consolidated Billing (LDC)
 Electricity Supplier Consolidated Billing (ESP)

Telephone number to appear on LDC bills to direct customer to call regarding Supplier portion of the bill. Please furnish your call center telephone number for our records, even if another billing method selected.
Telephone: (____) _____

3. If you select LDC billing, please provide the following data to enable the Company to remit payments.

Bank Name: _____
Contact: _____
Address: _____
City, State, Zipcode: _____
ABA Number: _____
Bank Account Number: _____
Name on the Account: _____
Type of Account: _____

4. If you select LDC Consolidated Billing, please provide the name of Registrant as it should appear on the Company's bill:

Registrant name for Company bill (limited to 28 characters and spaces): _____

5. Supplier Fees

Please provide the name and mailing address for BGE to send any bills for Supplier Fees as listed in BGE's Electric Supplier Tariff:

Company Name: _____
Attn: _____
Address: _____

City: _____ State: _____ Zipcode: _____ - _____

D. ENERGY AND CAPACITY SCHEDULING AND SETTLEMENT

1. Provide the names, titles, and telephone numbers of the key personnel that are involved in scheduling and settling energy and capacity:

Name	Title	Telephone	e-mail Address
------	-------	-----------	----------------

Name	Title	Telephone	e-mail Address
------	-------	-----------	----------------

Name	Title	Telephone	e-mail Address
------	-------	-----------	----------------

2. PJM Short Name: _____

E. ACTIVE LOAD MANAGEMENT (ALM)

1. Do you plan on offering credits for Direct Load Control of customer's air conditioners or waters heaters?

2. If so, do you plan on utilizing customers' existing switches or installing your own?

3. Do you plan to offer credits for Interruptible Service where customers curtail their load to a contract amount?

4. Please describe the Automatic Load Management (ALM) programs you plan to offer, including the amount of credits to be offered to customers.

F. SYSTEM EMERGENCY CONTACT INFORMATION

Please provide the names and e-mail addresses of individuals BGE should send select system emergency status/updates to within your organization.

Name	e-mail Address
------	----------------

Name	e-mail Address
------	----------------