

BALTIMORE GAS AND ELECTRIC COMPANY ELECTRICITY SUPPLIER REGISTRATION FORM

Date: _____

GENERAL INFORMATION

1. Legal Name of Registrant: _____

2. Current Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number: (____) _____

4. Dun and Bradstreet Number: _____ +4 Suffix (if applicable): _____

5. Federal Tax ID: _____

6. Contact person: The name, title, address, telephone number, e-mail address of the person to whom questions about this application should be addressed:

Name: _____ Title: _____

Address: _____

Telephone: (____) _____ e-mail Address: _____

7. Please provide Supplier URL link: _____

SECTION II OPERATIONAL INFORMATION

A. ELECTRONIC DATA INTERCHANGE

1. Who is your EDI Service Provider? _____

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
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_____	_____	_____	_____
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_____	_____	_____	_____
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B. CUSTOMER SEGMENTATION:

1. What customer class are you authorized to serve per MD PSC License? (Check all that apply)
Residential ____ Commercial ____ Industrial ____ Other (Specify) _____
2. Do you plan to serve Energy Assistance Households? _____
If yes, please provide the proof of MD PSC approval

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 Number	E-mail Address
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Name	Title	Telephone Number	E-mail Address
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Name	Title	Telephone Number	E-mail Address
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2. Select the billing method/s you plan to offer:
- _____ Dual Billing
- _____ Local Distribution Company Consolidated Billing (LDC)
- _____ Supplier Consolidated Billing (SCB) (after 7/2024)

If you select LDC Consolidated Billing, the name on the Company's bill will appear exactly as provided in the General Information Section, Item 1 "Legal Name of Registrant". If you prefer to use DBA name, please indicate it. BGE could not accommodate both.

3. Please furnish your Customer Call Center telephone number to appear on the customer's bill:

Telephone Number: (____) _____

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

Bank Name: _____

Contact Name: _____

Contact Telephone Number: (____) _____

Address: _____

City, State, Zip code: _____

ABA Number: _____

Bank Account Number: _____

Name on the Account: _____

Type of Account: _____

4. **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: _____ Zip code: _____ - _____

Telephone Number: () _____ E-mail Address: _____

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 Number	E-mail Address
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Name	Title	Telephone Number	E-mail Address
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Name	Title	Telephone Number	E-mail Address
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2. PJM Short Name: _____

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	Telephone Number	E-mail Address
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Name	Telephone Number	E-mail Address
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