SPP Southwest Power Pool Regional Entity

# SPP RE NERC Functional Registration Process

The **SPP RE NERC Functional Registration Process** allows an organization to register its NERC functions for compliance purposes and identify its primary compliance contact, compliance officer, chief executive officer to NERC.

## Requirements:

An organization must have assets inside the SPP RE's footprint or have a business relationship with SPP. An example would be an organization purchasing or selling energy through the SPP tariff.

## Registration Process: Open the SPP RE NERC Functional Registration Form.doc located on the Regional Entity Certification and Registration page at www.spp.org.

1. Enter the date you are completing this form in the today's date field, select **New Registration** or **Modifying Existing** in the drop down box, provide the entity's NCR number if applicable, and list all regions other than the SPP RE, the entity is currently registered or in which your entity is registering in Section I.

2. Enter the legal name and full mailing address of your organization in Section II.

3. Enter the name, full mailing address, and phone number with which the organization is affiliated in Section III.

4. **New Registration**: check all the NERC Functions that apply to your organization in Section IV.

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5. **Modify Existing Registration:** select all functions that your organization would like to add or remove in Section V.

6. Enter the name, official title, full mailing address, phone number, fax number, and e-mail address for the individuals in your organization holding the positions identified in Section VI.

7. Check the box(es) for the positions(s) you hold. If you do not hold any of the positions listed, then provide your phone number, fax number, and e-mail address in Section VII.

8. E-mail the completed NERC Functional Registration Form and the New Entity Registration Questionnaire as an attachment to sppreregistration@spp.org.

If you need additional information or assistance, you can email the Registration Administrator at sppreregistration@spp.org or call Greg Sorenson at (501) 688-1713 or Thomas Teafatiller at (501) 688-2514.

Southwest Power Pool
Regional Entity

Southwest Power Pool Regional Entity
16101 La Grande Dr., Ste 103
Little Rock, AR 72223
Phone: 501.688.1713
Fax: 501.821.8726
www.spp.org

# NERC Functional Registration Form

Today's Date _____

I. Type of Registration (choose one) ☐ NCR # (if applicable) _____

Is your entity currently registered in or registering in a region other than the SPP RE?

Yes or No ☐ If Yes, what regions? _____

II. Please provide the Organization's Legal Name and full mailing address:

Organization's Legal Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Website _____

Corporate Headquarters _____ Operating Location(s) _____

Phone: _____

III. Provide the name, full mailing address, and phone number of any companies with which the organization is affiliated:

If there are more than five (5) affiliate companies, check the YES box: ☐ Yes

Affiliate's Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

Affiliate's Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

Affiliate's Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

Affiliate's Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

Affiliate's Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: _____

IV. New Registration: (Check all that apply)
Select ALL of the following NERC Functions you are registering?

- ☐ Balancing Authority (BA)
- ☐ Distribution Provider (DP)
- ☐ Generator Operator (GOP)
- ☐ Generator Owner (GO)
- ☐ Interchange Authority (IA)
- ☐ Load - Serving Entity (LSE)
- ☐ Planning Authority (PA)
- ☐ Purchasing - Selling Entity (PSE)
- ☐ Reliability Coordinator (RC)
- ☐ Reserve Sharing Group (RSG)
- ☐ Resource Planner (RP)
- ☐ Transmission Operator (TOP)
- ☐ Transmission Owner (TO)
- ☐ Transmission Planner (TP)
- ☐ Transmission Service Provider (TSP)

V. Modifying Existing Registration: (Check all functions that the entity is requesting to be added or removed)

| | | | | | |
|---|---|---|---|---|---|
| Balancing Authority (BA) | ☐ | Load - Serving Entity (LSE) | ☐ | Resource Planner (RP) | ☐ |
| Distribution Provider (DP) | ☐ | Planning Authority (PA) | ☐ | Transmission Operator (TOP) | ☐ |
| Generator Owner (GO) | ☐ | Purchasing-Selling Entity (PSE) | ☐ | Transmission Owner (TO) | ☐ |
| Generator Operator (GOP) | ☐ | Reliability Coordinator (RC) | ☐ | Transmission Planner (TP) | ☐ |
| Interchange Authority (IA) | ☐ | Reserve Sharing Group (RSG) | ☐ | Transmission Service Provider (TSP) | ☐ |

VI. Provide contact information for the following positions/roles listed below for the entity:

Chief Executive Officer

Name _____ Title _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____ Fax: _____

Email _____

Authorized Compliance Officer

Name _____ Title _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____ Fax: _____

Email _____

Authorized Compliance Officer - Alternate

Name _____ Title _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____ Fax: _____

Email _____

Primary Compliance Contact

Name _____ Title _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____ Fax: _____

Email _____

Primary Compliance Contact - Alternate

Name _____ Title _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____ Fax: _____

Email _____

VII. Submitter Information

Provide the position/role of the submitter if listed above, if NOT listed above provide the contact information of the submitter below (check all applicable box(es):

- ☐ Chief Executive Officer
- ☐ Authorized Compliance Officer
- ☐ Authorized Compliance Officer - Alternate
- ☐ Primary Compliance Contact
- ☐ Primary Compliance Contact - Alternate

Name _____ Title _____

Address _____ Phone: _____

City _____ State ____ Zip Code _____ Fax: _____

Email _____

NOTE: The New Entity Registration Questionnaire must be COMPLETED and submitted along with the New Registration Form for processing.