



RELIABILITY FIRST

Entity Registration Form

This form should be submitted to RF via e-mail to (compliance@rfirst.org)

Entity Information

Entity Name/Company (Legal Name):		Date:	
Corporate Address:			
City, State, Zip:		Country:	
Corporate Website:			
NERC Compliance Registry (NCR) ID:		New GO/GOP "Commercial Operations Date":	
Registration Request: <input type="checkbox"/> New <input type="checkbox"/> Deactivation	BA <input type="checkbox"/> GO <input type="checkbox"/> GOP <input type="checkbox"/> DP <input type="checkbox"/> PA <input type="checkbox"/> RC <input type="checkbox"/> RP <input type="checkbox"/> RSG <input type="checkbox"/> TO <input type="checkbox"/> TOP <input type="checkbox"/> TP <input type="checkbox"/> TSP <input type="checkbox"/> DP UFLS only <input type="checkbox"/>		
DP Function: What is the peak Load (MW)?			
As a DP, does your entity own, control or operate:	1. a required Undervoltage Load Shedding (UVLS) program or	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2. a required Special Protection System or Remedial Action Scheme or	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. a required transmission Protection System or an	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	4. Underfrequency Load Shedding (UFLS) program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for request: (i.e. new registration, name change, removal of function, etc.)			
Has a BES Exception request been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List parent company and NERC ID (if applicable):			
List affiliates and NERC ID (if applicable):			
Coordinated Functional Registration (CFR):	Yes <input type="checkbox"/> No <input type="checkbox"/>	CFR Number:	



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Joint Registration Organization (JRO):	Yes <input type="checkbox"/> No <input type="checkbox"/>	JRO Number:	
Multi Regional Registered Entity (MRRE):	FRCC <input type="checkbox"/> MRO <input type="checkbox"/> NPCC <input type="checkbox"/> RF <input type="checkbox"/> SERC <input type="checkbox"/> SPP <input type="checkbox"/> Texas RE <input type="checkbox"/> WECC <input type="checkbox"/>		
MRRE ID:			

Additional Comments:	
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Provide the entity's name and the NCR ID that performs the following:

Generator Operator (GOP)	
Transmission Operator (TOP)	
Transmission Planner (TP)	
Balancing Authority (BA)	
Reliability Coordinator (RC)	
Planning Authority (PA)	

Primary Compliance Contact (PCC) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		E-Mail Address:	

Primary Compliance Contact Alternate (PCC/Alternate) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		E-Mail Address:	

Primary Compliance Officer (PCO) Information

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		E-Mail Address:	



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Please submit one-line diagram(s), interconnection agreement(s) and a GO/GOP Asset Verification Form (if applicable). Additional documentation may be required based on further evaluation of the registration request.

For questions about Registration, please contact:

([Bob Folt](mailto:bob.folt@rfirst.org) at bob.folt@rfirst.org or
(216)503-0625)