

**APPALACHIAN POWER COMPANY**  
**AGGREGATOR REGISTRATION APPLICATION**  
for Participation in the Virginia Retail Access Program

The Aggregator Registration Form is specifically for aggregators, as defined by 20 VAC 5-312-10 of the Virginia State Corporation Commission's Rules Governing Retail Access. If the Aggregator offers services beyond the normal aggregation service, then the Aggregator and Company will need to terminate the Aggregator Agreement and complete the Competitive Service Provider application package.

The Applicant shall fax this completed and signed application  
to (614) 716-3388 and follow-up with an original mailed to:

Appalachian Power Company  
Choice Operations Support  
1 Riverside Plaza, 13th Floor  
Columbus, OH 43215  
Attn: Robert Hewitt

The Applicant will not be registered to be an Aggregator in Appalachian Power  
Company's (APCo) Virginia service territory until the Applicant's application is approved, and all applicable  
agreements are executed and Certification is approved by the SCC. An Aggregator must execute an Aggregator Agreement,  
and complete the Aggregator Registration Application.

**I. Applicant**

Provider Name (Legal Name) \_\_\_\_\_  
State of Incorporation \_\_\_\_\_ Years in Business \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_ D&B Duns # \_\_\_\_\_  
Trade Name (if different from  
Legal Name) \_\_\_\_\_  
Registered Agent \_\_\_\_\_

Entity Type \_\_\_\_\_ Corporation - Public  
\_\_\_\_\_ Corporation - Private  
\_\_\_\_\_ Partnership (attach list of general partners)  
\_\_\_\_\_ Limited Liability Company  
\_\_\_\_\_ Other (Please indicate type below)  
\_\_\_\_\_

NERC ID \_\_\_\_\_  
\_\_\_\_\_

**Parent Company Information:**

Parent Company Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Internet Web Site \_\_\_\_\_

**Primary Contact:**

First and Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Facsimile \_\_\_\_\_

**VSCC License Type** \_\_\_\_\_

**VSCC License Number** \_\_\_\_\_

**VSCC Application Case Number** \_\_\_\_\_

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<p>Customer Class(es) to be Served. (Mark all that apply. To be included on list provided to customers.)</p>	<p><input type="checkbox"/> Residential/Small Commercial <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> State <input type="checkbox"/> County/Municipal</p>
<p>Geographic Service Area</p>	<p><input type="checkbox"/> All of APCo's Virginia Service Territory <input type="checkbox"/> Restricted Geographic Area</p>
<p>Specify Area if Restricted (Attach additional pages if necessary)</p>	<p>_____ _____ _____</p>
<p>Maximum anticipated Peak Summer Load</p>	<p>_____ (In MW)</p>
<p>Maximum anticipated Number of Customers to be served by Class in first 90 days</p>	<p><input type="checkbox"/> Residential/Small Commercial    <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial    <input type="checkbox"/> State    <input type="checkbox"/> County/Municipal</p>
<b>3. Customer Service</b>	
<p>Customer Service Supervisor (Name)</p>	<p>_____</p>
<p>Direct Dial Voice Telephone Number</p>	<p>_____</p>
<p>Pager Number</p>	<p>_____</p>
<p>Fax Number</p>	<p>_____</p>
<p>E-Mail Address</p>	<p>_____</p>
<b>4. CSP Relationships</b>	
<p>Disclosure of relationships with Competitive Service Providers and nature of relationship/agreement</p>	
<p>_____ _____ _____</p>	

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**5. Certification, Authorization, and Signature:**

APCo will treat all information, provided pursuant to the Applicant's registration in a confidential manner. APCo, however, may be required to disclose some or all of such information to the Virginia State Corporation Commission or pursuant to regulatory or court proceedings.

Applicant will notify AEP's Choice Support, at the above facsimile and address, if any material 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 APCo to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_