## BALTIMORE GAS AND ELECTRIC COMPANY ELECTRICITY SUPPLIER REGISTRATION FORM

GENE	RAL INFORMATION						
1.	Legal Name of Registrant:						
2.	Current Address:						
	_	City:	State:	Zip C	ode:		
3.	Telephone Number: ()						
4.	Fax Number: ()						
5.	Dun and Bradstreet Number:	+4 Suffix (if applicable):					
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:						
8.	Please provide Supplier URL li	nk:					
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SEC'	TION II OPERATIONAL	INFORMATION	I				
	TION II OPERATIONAL PREREQUISITE REQUIREME		1				
A.		ENTS		mission to opera	ate in the State of		
<b>A.</b> 1.	PREREQUISITE REQUIREME Provide proof that you are licen	ENTS used by the Maryland		mission to opera	ate in the State of		
<b>A.</b> 1. 2.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland.	ENTS used by the Maryland I or PJM		mission to opera	ate in the State of		
<b>A.</b> 1. 2. <b>B.</b>	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir	ENTS used by the Maryland I In PJM HANGE	Public Service Com				
<b>A.</b> 1. 2. <b>B.</b> 1.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir ELECTRONIC DATA INTERCH	ENTS used by the Maryland I n PJM HANGE der?	Public Service Com				
<b>A.</b> 1. 2. <b>B.</b> 1.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir <u>ELECTRONIC DATA INTERCH</u> Who is your EDI Service Provi	ENTS used by the Maryland I n PJM HANGE der? r qualifier and ID?	Public Service Com				
<b>A.</b> 1. 2. <b>B.</b> 1.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir ELECTRONIC DATA INTERCH Who is your EDI Service Provide What are your Sender/Received List the names, titles, telephone	ENTS used by the Maryland i in PJM HANGE der? r qualifier and ID? e numbers and e-mail	Public Service Com	EDI business ar	nd/or technical contac		
<b>A.</b> 1. 2. <b>B.</b> 1.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir ELECTRONIC DATA INTERCH Who is your EDI Service Provid What are your Sender/Receive	ENTS used by the Maryland I n PJM HANGE der? r qualifier and ID?	Public Service Com		nd/or technical contac		
<b>SEC</b> <b>A</b> 1. 2. <b>B</b> . 1. 2. 3.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership ir ELECTRONIC DATA INTERCH Who is your EDI Service Provide What are your Sender/Received List the names, titles, telephone	ENTS used by the Maryland i in PJM HANGE der? r qualifier and ID? e numbers and e-mail	Public Service Com	EDI business ar			
<b>A.</b> 1. 2. <b>B.</b> 1. 2.	PREREQUISITE REQUIREME Provide proof that you are licen Maryland. Provide proof of membership in ELECTRONIC DATA INTERCH Who is your EDI Service Provid What are your Sender/Received List the names, titles, telephone	ENTS used by the Maryland I on PJM HANGE der? r qualifier and ID? e numbers and e-mail Title	Public Service Com	EDI business ar Telephone	nd/or technical conta e-mail Addres		

## C. SALES AND CUSTOMER SERVICE

2.

3.

4.

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 Addre
Name	Title	Telephone Number	e-mail Addres
Name	Title	Telephone Number	e-mail Addres
Select the billing method/s yo	ou plan to offer:		
Dual Billing			
Local Distribution	Company Consolidated Billing	(LDC)	
the General Information Sect Please furnish your Custome	tion, Item 1 "Legal Name of R	mpany's bill will appear exactly as egistrant" ber to appear on the customer's bi	
website .			
Telephone Number: (	)		
If you select LDC billing, plea	ase provide the following data	to enable the Company to remit p	ayments.
Bank Name:			
Contact Name:			
Contact Telephone Number:	<u>   (     )</u>		
Address:			
City, State, Zip code:			
ABA Number:			
Bank Account Number:			
Name on the Account:			
Type of Account:			
Electric Supplier Tariff: Company Name:	-	send any bills for Supplier Fees as	s listed in BGE's
Address:			
City:	State:	Zip code:_	

## 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	Telephor	ne Number	e-mail Addres
Name	Title	Telephor	ne Number	e-mail Address
Name	Title	Telephor	ne Number	e-mail Address
PJM Short Name:				
ACTIVE LOAD MANAG	EMENT (ALM)			
Do you plan on offering	credits for Direct Load Control of	customer's air conditi	oners or wate	ers heaters?
lf so, do you plan on util	izing customers' existing switches	s or installing your own	n?	
Do you plan to offer crea	dits for Interruptible Service where	customers curtail the	eir load to a c	ontract amount?
Please describe the Aut credits to be offered to c	omatic Load Management (ALM) sustomers.	programs you plan to	o offer, includ	ing the amount o
SYSTEM EMERGENCY	CONTACT INFORMATION			
	es and e-mail addresses of individ es to within your organization.	uals BGE should sen	d select syste	em
ne	Teleph	none Number	e-mail Addr	ess

2.

**E.** 1.

2.

3.

4.

F.