**NOIE Authorization Form**

**for Demand Response Capacity Sources**

This form must be completed by a Non-Opt In Entity (NOIE) in order to authorize participation of a Customer acting, individually or in an aggregation, as a Demand response Capacity Source under a procurement for capacity pursuant to paragraph (4) of Section 6.5.1.1 of the ERCOT Protocols. The completed form should be signed by an officer or other authorized signatory for the NOIE and submitted by the Qualified Scheduling Entity (QSE) submitting a proposal offering the Demand response Capacity Source via email as part of the proposal submission. The NOIE’s representative should be copied on the submission email. The representations made on this form will be considered effective unless revoked by the NOIE in writing. Such revocation of NOIE authorization shall take effect the later of (1) the day after the service end date specified in the contract for capacity between ERCOT and the Entity that was awarded or (2) 30 days after a notice of revocation of NOIE authorization is provided to the QSE that was awarded and to ERCOT via email to MPRegistration@ercot.com.

**PART I: AUTHORIZATION OF PARTICIPATION OF NON-NOIE ENTITY REPRESENTING DEMAND RESPONSE CAPACITY SOURCES**

[ ]  The following QSE is authorized to offer and represent any Customers acting, individually or in an aggregation, as a Demand response Capacity Source under a procurement for capacity pursuant to paragraph (4) of Section 6.5.1.1 of the ERCOT Protocols in the service area of the below-named NOIE until revocation is effective:

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| QSE Name: |       |  |

*Any limitation on an QSE’s authority to represent only certain Customers (or Customer sites) should be described in the table at the end of this form.*

**PART II: SIGNATURE OF NOIE OFFICER OR OTHER AUTHORIZED SIGNATORY**

Name of NOIE:

DUNS Number of NOIE:

Signature of Authorized NOIE Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized NOIE Signatory:

Title of Authorized NOIE Signatory:

Date of Signature:

Checking “Limited Authorization” limits authorized QSE’s representation authority to listed Customer sites.

[ ]  Limited Authorization:

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| Source Name | ESI-ID | Unique Meter ID |  | Site Name | Site Address (street) | Site Address (city) | Zip Code |
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\*If number of Customer sites exceed rows on table, please submit one or more additional forms.