
Participant Information Form Instruction Sheet

Purpose

The Participation Information Form is utilized by APS to compile specific information about the ESP, Scheduling Coordinator and Billing Agent. Along with the ESP Service Acquisition Agreement, this information is necessary for effectively and efficiently transacting business with an ESP.

General Instructions

1. Section I & II must be completed in its entirety by all ESPs.
2. Section III, is required when a third party Billing Agent is being used.
3. Submitting the form:
 - a. **Via APS web site**
 1. Locate the form online at esp.apsc.com by selecting "ESP Registration" and then "Register with APS"
 2. Complete and submit the information
 - b. **Via fax**
 1. Locate the form on the APS web site in the "Resource Center" under "Registration" or call ESP Services at (602) 250-3973 to request the form
 2. Download the form
 3. Complete the form by typing or printing in ink
 4. Fax completed form to ESP Services at (602) 250-2133
4. To review Participant information, select "Review ESP Profile" under "ESP Registration"
5. To update Participant Information Form contact ESP Services
6. Please make a copy of the completed form for your records

Participant Information Form Instructions for Preparation

Instructions for Section I: General Information – ESP

This section is required to be completed by all ESPs. Please provide the following information for the **ESP**:

<i>REQUESTED INFORMATION</i>	<i>DEFINITION OF INFORMATION</i>
ESP individual name/business name:	Legal Business Name. Name of Sole proprietor, partnership, or Corporate name
Doing Business As (DBA) name:	Name you will conduct business under if different than legal
Business street address:	Business headquarters address
Mailing street address (if different from business address):	Where you would like correspondence and/or bills sent to
Primary/alternate business contact name:	Individuals assigned as business contacts for utility
Primary/alternate phone number:	Phone number of business contacts for utility
Primary/alternate facsimile number:	Facsimile number of business contacts for utility
Primary/alternate E-mail address:	E-mail address of business contacts for utility
ESP Dun & Bradstreet number:	9 digit number that utility will use as the unique identification number for the ESP
ESP – ACC registration number (if applicable):	If registered with the ACC please provide your 4-digit number
Renewable Certification number (if applicable)	The certification number provided by the ACC
E-mail address for data exchange via Internet:	The e-mail address that will be utilized to submit DASRs via Internet
E-mail address for correspondences:	E-mail address where ESP can receive correspondences only
Preferred data exchange method	Delivery method that APS will use for ALL DASR & CISR responses

Instructions for Section II: General Information – Scheduling Coordinator

This section is required to be completed by all ESPs. Please provide the following information for the **Scheduling Coordinator**:

<i>REQUESTED INFORMATION</i>	<i>DEFINITION OF INFORMATION</i>
Scheduling Coordinator individual name/business name:	Legal Business Name. Name of Sole proprietor, partnership, or Corporate name
Doing Business As (DBA) name:	Name you will conduct business under if different than legal
Scheduling Coordinator's Dun & Bradstreet number:	9 digit number that utility will use as the unique identification number for the Scheduling Coordinator

Instructions for Section III: General Information – Billing Agent

Please provide the following information for the **Billing Agent**, if not using APS for these services:

REQUESTED INFORMATION	DEFINITION OF INFORMATION
Billing Agent individual name/business name:	Legal Business Name. Name of Sole proprietor, partnership, or Corporate name
Doing Business As (DBA) name:	Name you will conduct business under if different than legal
Business street address:	Business headquarters address
Mailing street address (if different from business address):	Where you would like correspondence and/or bills sent to
Primary/alternate business contact name:	Individuals assigned as business contacts for utility
Primary/alternate phone number:	Phone number of business contacts for utility
Primary/alternate facsimile number:	Facsimile number of business contacts for utility
Primary/alternate E-mail address:	E-mail address of business contacts for utility
Billing Agent Dun & Bradstreet number:	9 digit number that utility will use as the unique identification number for the Billing Agent
Will the 810 Invoice File Be Sent to this party?	This field requires a yes or no response.
E-mail address for correspondences:	E-mail address where Billing Agent can receive correspondences only

PARTICIPANT INFORMATION FORM

GENERAL INFORMATION – ELECTRIC SERVICE PROVIDER (ESP)

Section I: General Information - ESP		
Individual Name/Business: Name:		DBA:
Business Street Address:		
City:	State:	Zip Code:
Mailing Street Address:		
City:	State:	Zip Code:
Primary Business Contact:		Alternate Business Contact:
Primary Phone Number:		Alternate Phone Number:
Primary Facsimile Number:		Alternate Facsimile Number:
Primary E-Mail:		Alternate E-Mail:
Dun & Bradstreet Number:		ACC Registration Number (if applicable):
Scheduling Coordinator:		Renewable Provider Number (if applicable):
Correspondence e-mail address:		
Preferred data exchange method: <i>CSV DASR files / Fixed length CISR files</i> OR <i>EDI 814 DASRs / EDI 867 CISRs</i>		

GENERAL INFORMATION – SCHEDULING COORDINATOR; if applicable

Section IV: General Information – Scheduling Coordinator	
Individual Name/Business: Name:	
Dun & Bradstreet Number:	

GENERAL INFORMATION – BILLING AGENT; if applicable

Section V: General Information – Billing Agent		
Individual Name/Business: Name:		DBA:
Business Street Address:		
City:	State:	Zip Code:
Mailing Street Address:		
City:	State:	Zip Code:
Primary Business Contact:		Alternate Business Contact:
Primary Phone Number:		Alternate Phone Number:
Primary Facsimile Number:		Alternate Facsimile Number:
Primary E-Mail:		Alternate E-Mail:
Dun & Bradstreet Number:		Will the 810 Invoice Be Sent To This Party:
Correspondence e-mail address:		