

Registration Form and Connectivity Profile

DERS Name:	
DERS Parent Company Name:	
DERS Address:	
Street Address:	
City, Zip Code	
State	
Tax ID or EIN #:	
<i>DERS Business Contact:</i>	
Title:	
Email Address:	
Telephone:	
Fax:	
Preferred Method of Contact:	
DERS website:	
Description of products and services provided to customers:	
CDG Provider or On-Site Mass Market DG Provider	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach PSC approval letter)
Customer segments served: (e.g., residential, commercial, industrial, agricultural)	
<i>EDI Service Provider:</i>	
<i>EDI Testing Contact:</i>	
Email Address:	
Telephone:	
Fax:	
Preferred Method of Contact:	
<i>EDI Production Contact:</i>	
Email Address:	
Telephone:	
Fax:	
Preferred Method of Contact:	
<i>Connectivity Point of Contact:</i>	
Email Address:	
Telephone:	
Fax:	
Preferred Method of Contact:	



Distributed Energy Resource Suppliers

Communication Information (GISB 1.4):		
	Test	Production
ISA Qualifier		
ISA Sender/Receiver ID		
GS Sender/Receiver ID		
DUNS Qualifier		
DUNS Number		
GISB Common Code		
Delimiter Information:		
Element Separator		
Sub-Element Separator		
Segment Terminator		
GISB URL (with port):		
Username		
Password		

