**INFORMATION REQUEST SHEET: DRPA**

**CAISO Tariff Appendix B.14**

**To initiate a Demand Response Provider Agreement (DRPA), please fill in the information requested below and return this form to Regulatory Contracts at** [**RegulatoryContracts@caiso.com**](mailto:RegulatoryContracts@caiso.com) **and cc:** [**PDR@caiso.com**](mailto:PDR@caiso.com)

**Full Legal Name of Company/Entity** and **Legal Address of Company/Entity** **must** match what is currently listed on the **Secretary of State Business License** (information will be checked and verified in State Business License Database).

**All information must be complete before an agreement can be processed.**

|  |  |
| --- | --- |
| Full legal name of company (agreement holder) | (Please verify legal spelling of name including capitalization and punctuation) |
| Legal address of company |  |
| Name of primary representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |
| Name of alternative representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |

**REQUIRED FOR ELECTRONIC SIGNATURE PROCESS:**

|  |  |
| --- | --- |
| Name of signatory |  |
| Email address |  |