**INFORMATION REQUEST SHEET: MSSACRREAA**

**CAISO Tariff Appendix B.12**

**To initiate a Metered Subsystem Aggregator CRR Entity Agent Agreement (MSSA CRREAA), please fill in the information requested below and return this form to** [**SCRequests@caiso.com**](mailto:SCRequests@caiso.com)

PLEASE SUBMIT THIS FORM IN **WORD** FORMAT.

**All information must be complete and certification requirements met before the execution version of the agreement can be prepared.**

|  |  |
| --- | --- |
| 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 |  |