**ELECTRIC AGGREGATORS’S THIRD-PARTY AGENTS**

# Date Submitted: Click here to enter a date.

Name of Electric Aggregator:

*(including d/b/a, if any)*

# Docket Number:

Pursuant to Order No. 8 of the Decision in Docket No. 23-04-02 et al., an Electric Aggregator is required to provide the following information in its licensing docket for each agent working on the Aggregator’s behalf from October 1 of the previous year to September 30 of the current year. “Agent” is defined as any person who: (1) contracts with ***or*** is otherwise compensated by the Aggregator to market to and/or make sales on behalf of the Aggregator; (2) makes telemarketing calls on the behalf of a Aggregator with the goal of either providing electric supply information to or soliciting customers for electric generation services; or (3) distributes, in any form, any marketing materials promoting electric supply options or soliciting customers for the selection of electric generation services. Further an agent of the Aggregator includes, but is not limited to: (1) anyone making sales on behalf of the Aggregator; (2) anyone facilitating customers contracting with and/or selecting a supplier on behalf of the Aggregator; (3) anyone whom the Aggregator compensates or provides a commission to for facilitating customers contracting with and/or selecting a supplier; and (4) anyone with whom the Aggregator has an agreement (labeled as an Independent Contractor, broker, channel partner, or any other title) to facilitate customers contracting with a supplier. Each Aggregator shall submit this form on or before **October 15th annually**. If any Aggregator does not contract with third-party agents, it must still make an annual filing indicating so.

# Reporting Period: Click here to enter a date. through Click here to enter a date.

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| Agent Name: Employer: Address:  Tasks Performed: Date of Training:  Dates Active: | Agent Name: Employer: Address:  Tasks Performed: Date of Training:  Dates Active: |
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**FORM 6 – ELECTRIC AGGREGATOR’S THIRD-PARTY AGENTS**

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| Agent Name: Employer: Address:  Tasks Performed: Date of Training:  Dates Active: | Agent Name: Employer: Address:  Tasks Performed: Date of Training:  Dates Active: |
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