



**Connecticut Department of  
Energy & Environmental Protection**  
Public Utilities Regulatory Authority

**FORM 6 – ELECTRIC SUPPLIER’S THIRD-PARTY AGENTS**

Date Submitted: \_\_\_\_\_

Name of Electric Supplier: \_\_\_\_\_  
(including d/b/a, if any)

Docket Number: \_\_\_\_\_

An Electric Supplier is required to provide the following information in its licensing docket for each third-party agent working on behalf of the Supplier 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 a Supplier to sell electric generation services (including, but not limited to, BROKERS and MARKETING AGENTS); (2) makes telemarketing calls on the behalf of a Supplier with the goal of either providing electric supply information or soliciting customers for electric generation services; or (3) distributes, via U.S. postal mail, e-mail or hand out, any marketing materials promoting electric supply options or soliciting customers for electric generation services.

Reporting Period: \_\_\_\_\_ through \_\_\_\_\_

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

## FORM 6 – ELECTRIC SUPPLIER'S THIRD-PARTY AGENTS

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