

APPALACHIAN POWER COMPANY
COMPETITIVE SERVICE PROVIDER REGISTRATION APPLICATION

for Participation in the Virginia Retail Access Program

Application for Competitive Service Provider (CSP) registration ONLY as a licensed CSP in the Appalachian Power Company (the "Company") rate jurisdiction. The Applicant shall email this completed and signed application and accompanying financial information to: **virginiachoiceoperations@aep.com**.

The Applicant will not be registered to be an CSP in the Company service territory until the Applicant's application is approved, all applicable agreements are executed, and all other registration requirements are completed. A non-refundable registration fee of \$100.00 will be assessed once this application is received.

1. Applicant

Provider Name (Legal Name) _____

State of Incorporation _____

Federal Tax ID _____

Years in Business _____

D&B Duns # _____

Trade Name (if different from
Legal Name) _____

Registered Agent _____

Address _____

City, State, Zip Code _____

Email Address _____

Telephone Number _____

Entity Type _____ Corporation - Public
 _____ Corporation - Private
 _____ Partnership (attach list of partners, general and limited)
 _____ Limited Liability Company
 _____ Other (Please indicate type below)

NERC ID _____

CSP Internet Web Site Domain _____

Parent Company Information:

Parent Company Legal Name _____

State of Incorporation _____

Parent Internet Web Site Domain _____

Applicant Primary Contact:

First and Last Name _____

Title _____

Address _____

City, State, Zip Code _____

Email Address _____

Telephone _____

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3. Bank Transfer Information

Bank Name: _____ ABA: _____
Contact: _____ Account: _____
Address: _____ Telephone: _____
City, State, Zip Code: _____
Account Type: (Select One) _____ Direct Deposit Checking _____ Direct Deposit Savings
Name on Account: _____
Payment Method: Automated Clearing House

4. Credit Information

Credit or Financial Contact Person:

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
Email Address _____
Telephone _____

5. Financial And Credit Requirements

APCo will assess the credit risks associated with each applicant and at its sole discretion, determine the appropriate collateral that it will require of the applicant, if any. Collateral may be reassessed at any time based on a change in financial risks. Please refer to the Company's Retail Tariff for additional information.

Provide the following information for the applicant or its guarantor (if applicable):

a) Two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement) or SEC Form 10-K. If audited financial statements are not available, provide officer certified financial statements. If this is applicant's first year in business then the applicant may provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement), along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecast should be in an annualized format for the two years succeeding the Application year.

b) Most recent quarterly unaudited financial statements or monthly financial information (including a balance sheet, income statement, and cashflow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition or most recent SEC Form 10-Q.

Insert N/R if not rated

c) Senior Unsecured Debt Rating _____ Moody's _____ S&P _____
(or, if unavailable, Corporate Fitch _____
Issuer Rating)

d) Parent's Senior Unsecured Debt Rating _____ Moody's _____ S&P _____
(or, if unavailable, Corporate Fitch _____
Issuer Rating)

e) Provide a description of the Applicant's **Corporate Structure** (not an internal organizational chart), including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

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6. Representations

Applicant Affiliates

Is the Applicant and/or its affiliates:

Yes No Yes No

a) Operating under federal bankruptcy laws?

b) Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact Applicant and/or Applicant's affiliates?

Yes No Yes No

c) Subject to lawsuits or outstanding judgments?

Attach information for any items above marked "Yes".

Disclose all prior bankruptcies of Applicant and its affiliates.

7. Financial Security Arrangements

If the Applicant does not provide Appalachian Power Company (APCo) with adequate evidence of creditworthiness, the Applicant must provide and maintain financial security in a form and/or amount acceptable to APCo. Additional detail on credit requirements is mentioned in the section titled "ESP Credit Requirements" of the Tariff. Financial security formats are located on APCo's website at <https://www.appalachianpower.com/company/about/rates/va>. Any changes to the prescribed security format must be approved by APCo prior to issuance. Please mark the form of financial security proposed to be posted and provide additional information as requested below.

_____ Cash

_____ Guaranty

Guarantor's Legal Name _____

Senior Unsecured Debt Rating _____ Moody's _____ S&P _____
 (or, if unavailable, Corporate Issuer Rating) Fitch _____

_____ Letter of Credit

Issuer Bank's Legal Name _____

Senior Unsecured Debt Rating _____ Moody's _____ S&P _____
 (or, if unavailable, Corporate Issuer Rating) Fitch _____

_____ Surety Bond

Insurer's Legal Name _____

Long-term Issuer Credit Rating _____ AM Best _____ S&P _____
 Senior Unsecured Debt Rating _____ Moody's _____
 (or, if unavailable, Corporate Issuer Rating) Fitch _____

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8. Customer Service Information

Customer Service Supervisor Name _____
Email Address _____
24 Hour Customer Service Toll Free Number _____
Remittance Address _____
City, State, Zip Code _____

9. Certification, Authorization, and Signature:

Applicant will notify Virginia Choice Operations, at the email address shown on page 1, if any material, financial, or credit application information changes.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Applicant. Applicant hereby authorizes the Company to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references.

Applicant further certifies that Letters of Authorization (LOA), as found on the APCO website, will be obtained from customers in accordance with Virginia SCC Rules.

APCo will treat all information, including financial statements, provided pursuant to the Applicant's registration in a confidential manner. APCo, however, may be required to disclose some or all such information to the Virginia State Corporation Commission or pursuant to regulatory or court proceedings.

Applicant further certifies that it will not act as a Power Broker, Billing Agent, Meter Service Provider, MeterData Agent Management or Governmental Aggregator under or in connection with this Power Marketer only application.

Legal Name of Applicant _____

Signature of Authorized Representative: _____

Name: (Please Print) _____

Title: _____

Date: _____