

MAINE PUBLIC UTILITIES COMMISSION

REGISTRATION FORM FOR GAS SUPPLIERS

1. The name, mailing address and phone number of the entity:

Legal Name or Organization		

Street Address		

City	State	Zip Code
_____	_____	_____
Telephone Number	e-mail	Fax

2. The name, mailing address and phone number of a contact person who is knowledgeable regarding the entity's activities in the State:

Name	Title	

Street Address		

City	State	Zip Code
_____	_____	_____
Telephone Number	e-mail	Fax

3. The type of services the entity plans to offer to customers:

Supply Service Aggregator/Broker: