## **Application to Provide PDP Services**

This application and the attached documents are to be used by Applicants for approval as a Performance Data Provider (PDP). Please refer to the checklist to ensure your application includes all applicable documentation.

•	ry Contact:
Addre	ss: Address 2:
City:	State: ZIP:
Phone	e: () Fax: ()
Email:	
	nical Support Contact
Conta	ct Name:
Phone	ct Name: e: () Email:
	omer Support Contact
Phone	ct Name: e: () Email:
PDP A	APPLICATION CHECKLIST
Ва	ackground
	Listed as an approved PMRS provider on the CEC's eligible list
0	Company background (years in business, number of employees, general description,
	executive team, etc.)
0	Meter data reading and reporting experience and capabilities, capacity, technology
0	overview, IT capabilities, etc.  Proof of sufficient bond or insurance coverage
	cocedures
	Meter reading and data retrieval procedures
	Data communication (frequency, scalability, types, troubleshooting, etc.)
	Process for retrieving missed reads
	Data validation procedures
0	Technical Support (hours of operations, staff levels, procedures, etc.)
0	Customer Support (hours of operations, staff levels, etc.)
	Systems and Processes
	Data posting (data translation, formatting, firewall access, etc.)
	Data retention plan
	Backup and recovery plans
	Hardware and software scalability plans
0	Data confidentiality and security procedures
including at the I for test Signat	ning this document, the Applicant agrees to comply with all program requirements and those described in the CSI Handbook (signature must be someone with legal authority PDP). Additionally, Applicant agrees to keep confidential all data received from the PA ting. Information in this document will remain confidential.  ture: Date:  d Name: Title: