

# CERTIFICATION REQUEST FORM

DATE:

NOTE: THIS PROCESS COULD TAKE UP TO 6 MONTHS TO COMPLETE!  
PLEASE GET YOUR REQUESTS IN ASAP FOR THE BEST CHANCE OF TIMELY COMPLETION.

ORGANIZATION:  
NERC ID:  
CORPORATE ADDRESS:

CONTACT NAME:  
CONTACT JOB TITLE:  
CONTACT PHONE NUMBER:  
CONTACT EMAIL:

CURRENT REGISTRATION(S)/REGION(S):

	FRCC	MRO	NPCC	RFC	SERC	SPP	TRE	WECC
RC								
BA								
TOP								
TO								
TSP								
IA								
PA								
RP								
GOP								
GO								
LSE								
PSE								
DP								

FOR OFFICE USE - PLEASE LEAVE BLANK

REQUESTED CERTIFICATION(S)/REGION(S):

	FRCC	MRO	NPCC	RFC	SERC	SPP	TRE	WECC
RC								
BA								
TOP								

FOR ALL REQUESTS, PLEASE LIST ALL ADJACENT RC, BA, & TOPs. EX: A BA SHOULD LIST THEIR RC, THEIR TOPs, & ADJACENT BAS.

IF YOU ARE CURRENTLY PROVIDING ANY OF THESE FUNCTIONS, PLEASE PROVIDE DETAILS:

DATE DESIRED FOR CERTIFICATION COMPLETION ("GO LIVE" DATE):

DATE RANGE DESIRED FOR CERTIFICATION TEAM ON-SITE VISIT (REQUIRED):

LOCATION OF SITE VISIT (IF DIFFERENT THAN ADDRESS ABOVE):

ADDITIONAL COMMENTS:

**THIS FORM NEEDS TO BE TURNED INTO YOUR REGIONAL ENTITY ASAP!**

[SERCCOMPLY@SERC1.ORG](mailto:SERCCOMPLY@SERC1.ORG)