

FORM 21

DIRECT ACCESS SERVICE REQUEST (DASR)

To be completed by the Energy Service Provider (ESP) for each service account electing Direct Access service.

If a Direct Access Service Request is incomplete or rejected for any reason, Bear Valley Electric Service (BVES) will notify the ESP of the reasons for rejecting the Direct Access Service Request. The ESP is responsible for remedying any deficiencies and resubmitting the Direct Access Service Request to BVES.

Processing of the Direct Access Service Request will commence upon approval by BVES.

Turn On: Yes No Change: Yes No Turn Off: Yes No Customer Returning to BVES: Yes No

ENERGY SERVICE PROVIDER INFORMATION (TO BE PROVIDED BY ESP)

ESP Name: _____ Certified Renewable Resource Provider: Yes No
BVES-Assigned ESP Customer Number: _____ Certification Number: _____
California State Registration Number: _____
Date submitted: _____

GENERAL CUSTOMER INFORMATION (TO BE PROVIDED BY ESP)

Customer Name: _____
(Last) (First)
E-Mail Address: _____
Service Address: _____

Phone Nos: Daytime () _____
Evening: () _____
Message: () _____

The ESP hereby confirms that the above-listed Customer has been provided with written notice describing the price, terms, and conditions of service, and a notice describing the End-Use Customer's right to rescind this Service Request. ESP further confirms that these agreements are available for audit or copying by BVES.

Yes No

Verification pursuant to Section 366 of the Public Utilities Code.

Yes No

Effective Date Requested:

Customer-selected date: Yes No

Date Selected:

Service Account Number: _____

Hourly Metering: Yes No

Statistical Load Profiling: Yes No

Does the customer have any life support equipment requiring electricity? Yes No

Metering Service Option:

- BVES Metering
- ESP/Direct Access Customer Metering

Billing Service Option:

- Consolidated ESP Billing
- Consolidated BVES Billing
- Dual Billing

Meter Reading Option:

- BVES Meter Reading
- ESP Meter Reading

RESIDENTIAL CUSTOMER INFORMATION (TO BE PROVIDED BY ESP)

Social Security Number: _____
Drivers License/Identification No: _____

Spouse's Name: _____
Social Security Number: _____
Drivers License/Identification No: _____

NON-RESIDENTIAL CUSTOMER INFORMATION (TO BE PROVIDED BY ESP)

Corporation/Individuals/Partnership Name: _____

DBA: _____

Social Security Number/Tax Id. No: _____
Drivers License/Identification No: _____