**Please read the Metering Coordinator Registration Guide when completing this Application**

Please return the completed application to:

AEMO Onboarding

Level 2

20 Bond Street

SYDNEY NSW 2000

**This form should not be altered without the prior consent of *AEMO*.**

Table of Contents

[SECTION A. APPLICATION FOR REGISTRATION AS A METERING COORDINATOR FOR THE PURPOSES OF CLAUSE 11.86.7 OF THE NATIONAL ELECTRICITY RULES 2](#_Toc474838525)

[A.1 Applicant Details 2](#_Toc474838526)

[A.2 Declaration 2](#_Toc474838527)

[SECTION B. CONTACT DETAILS 3](#_Toc474838528)

[B.1 Contact Details for Head Office and any Branch Office/s 3](#_Toc474838529)

[B.2 Applicant Contact Details 3](#_Toc474838530)

[B.3 Details of Relevant Personnel Contacts 3](#_Toc474838531)

[B.4 Participant ID 4](#_Toc474838532)

[SECTION C. SECURITY AND CONTROL MANAGEMENT STRATEGY AND COMMUNICATION SYSTEM 5](#_Toc474838533)

# APPLICATION FOR REGISTRATION AS A METERING COORDINATOR FOR THE PURPOSES OF CLAUSE 11.86.7 OF THE NATIONAL ELECTRICITY RULES

## Applicant Details

Applicant: ……………………………………………………………………………………………

(full name, eg The First Energy Company Pty Ltd (trading as Energy First))

ABN: ………………………………………………………………………………………………

The Applicant is a *Local Network Service Provider* and is applying to become a *Metering Coordinator* in the *National Electricity Market (NEM*) for the purposes of clause 11.86.7 of the *Rules*.

## Declaration

**I** ………………………………………………………………………………………………………..

(insert name)

…………………………………………………………………………………………………………

(insert title)

DECLARE that I am authorised by the Applicant to submit this Application on the Applicant’s behalf and certify that the contents of this Application and any further submission are true and correct.

|  |  |
| --- | --- |
| …………………………………………………………………………. | ……/……/2017 |
| Signature | Date |

# CONTACT DETAILS

## Contact Details for Head Office and any Branch Office/s

Please provide the following details for the Head Office and any Branch Office/s:

|  |  |
| --- | --- |
| Office Name\* |  |
| Street Address |  |
| State |  | Postcode |  |
| Postal Address |  |
| State |  | Postcode |  |
| Phone |  |  |  |
| Email |  |

\* Type “Head Office” or name of branch

## Applicant Contact Details

Please also provide the following operational contact details:

|  |
| --- |
| **Primary Contact Details** |
| Primary Contact Name |  |
| Primary Contact Title |  | Telephone Number |  |
| Street Address |  |
| Email |  |
| **Secondary Contact Details** |
| Name of Secondary Contact  |  | Telephone Number |  |
| Street Address  |  |
| Email |  |

## Details of Relevant Personnel Contacts

For each relevant personnel contact within your organisation, please provide details as outlined in the table below. Note: A person may be nominated for more than one role.

Compulsory contacts: Contact details for these roles must be provided:

|  |  |
| --- | --- |
| Chief Executive Officer | Metering Coordinator – Manager  |
| Company Secretary | Metering - technical |
| Information Systems – IT After Hours/Emergency Contact (Primary) | Information Systems – IT Security Contact (Primary) |
| Information Systems – IT After Hours/Emergency Contact (Secondary) | Information Systems – IT Security Contact (Secondary) |
| Information Systems – IT Technical Network Contact | Information Systems – IT Change Contact |

For each relevant personnel contact, please provide the following details:

|  |  |
| --- | --- |
| Contact Type (see lists above) |  |
| Name (e.g. Dr George William Smith) |  |
| Position |  | Branch |  |
| Street Address |  |
| Phone |  | Mobile |  |
| Email |  |
| Assistant |  |

🖈 The Applicant must submit additional pages to include all relevant contact details. Please clearly mark these as ‘***Attachment to Section B***’ and number each page consecutively.

## Participant ID

The Applicant must use its current Participant ID as *Local Network Service Provider* in AEMO’s systems for all those *metering installations* that the Applicant will be registered as *Metering Coordinator* for the purposes of clause 11.86.7 of the *Rules*.

|  |  |
| --- | --- |
| Existing NEM Participant ID |  |

# SECURITY AND CONTROL MANAGEMENT STRATEGY AND COMMUNICATION SYSTEM

Is the Applicant currently the *responsible person* for *metering installations* that would fall under the definition of a *small customer metering installation*?

 Yes

 No

An Applicant must ensure that there is an appropriate security control management strategy and associated infrastructure and communications systems for the purposes of preventing unauthorised local access or remote access to *metering installations*, services provided by *metering installations* and *energy data* held in *metering installations*.

Applicants **must** provide a board-approved final version of a policy and detailed procedure demonstrating the Applicants’ security control management meets the requirement stated above.

🖈 Please clearly mark the attachments as ‘***Attachment to Section C*** ’ and number each page consecutively.

**– End of Application –**