1. APPLICATION FORM

**Section 1: The Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant |  | | |
| Street Address |  | | |
| State |  | Postcode |  |
| Postal Address |  | | |
| State |  | Postcode |  |
| Phone |  | Fax |  |
| Email |  | | |
| ABN |  | | |

**Section 2: Applicant Contacts**

The person in effective control of the Applicant’s business including title and contact details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Title |  | | |
| Street Address |  | | |
| State |  | Postcode |  |
| Postal Address |  | | |
| State |  | Postcode |  |
| Phone |  | Fax |  |
| Email |  | | |

### Please copy and complete the table above for each of the following additional contacts:

* Company Secretary
* Metering – Manager
* Metering – Technical
* Information Systems – IT Security Contact (Primary)
* Information Systems – IT Security Contact (Secondary)
* Information Systems – IT After Hours / Emergency Contact (Primary)
* Information Systems – IT After Hours / Emergency Contact (Secondary)
* Information Systems – IT Change Contact
* Information Systems – IT Technical Network Contact

### Section 3: Category for Accreditation and Registration

Please tick the category for which you are seeking accreditation and registration.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Selection | Service Provider | Category | Metering Installation Type |  | Selection | Service Provider | Category | Metering Installation Type |
| 🞏 | MP | 1C | 1 |  | 🞏 | MDP | 1D | 1 |
| 🞏 | MP | 1V | 1 |  | 🞏 | MDP | 2D | 2 |
| 🞏 | MP | 1M | 1 |  | 🞏 | MDP | 3D | 3 |
| 🞏 | MP | 1A | 1 |  | 🞏 | MDP | 4D | 4 |
| 🞏 | MP | 2C | 2 |  | 🞏 | MDP | 4S | 4 |
| 🞏 | MP | 2V | 2 |  | 🞏 | MDP | 4AC | 4A |
| 🞏 | MP | 2M | 2 |  | 🞏 | MDP | 5C | 5 |
| 🞏 | MP | 2A | 2 |  | 🞏 | MDP | 6C | 6 |
| 🞏 | MP | 3M | 3 |  | 🞏 | MDP | 4AD | 4A |
| 🞏 | MP | 3A | 3 |  | 🞏 | MDP | 5D | 5 |
| 🞏 | MP | 4M[[1]](#footnote-2) | 4 |  | 🞏 | MDP | 6D | 6 |
| 🞏 | MP | 4A | 4A |  | 🞏 | MDP | 7D | 7 |
| 🞏 | MP | 4S | 4 |  | 🞏 | ENM | - | - |
| 🞏 | MP | L | 1, 2, 3, 4 & 4A |  |  |  |  |  |
| 🞏 | MP | 5B | 5 |  |  |  |  |  |
| 🞏 | MP | 6B | 6 |  |  |  |  |  |

### Section 4: Business Locations

Please copy and complete the following table for each of the Applicant’s work locations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** |  | | |
| **State** |  | **Postcode** |  |
| **Functions carried out at this Location** |  | | |

### Section 5: Existing Registrations

|  |  |  |
| --- | --- | --- |
| **Does the applicant have any existing accreditations/registrations they want AEMO to take into account?** | Yes 🞏 No 🞏 | If yes, please provide Participant ID |
|  |
| **Is the Applicant a *Registered Participant*?** | Yes 🞏 No 🞏 | If yes, please provide Participant ID |
|  |

### Section 6: ISO 9000 Series Qualification

|  |  |  |
| --- | --- | --- |
| **Does the Applicant have ISO 9000 series quality system in place?** | Yes 🞏 No 🞏 | If yes, please provide a copy of the registration details, including the scope of the system, the lead quality auditor and the expiry date. |

**Section 7: Information Required for AEMO’s Market Systems**

**Participant ID**

The Applicant may suggest a Participant ID for use in AEMO’s systems.

Suggested Participant IDs should end in the letters:

“MP” for intending *Metering Providers*,

“MDP” for intending *Meter Data Providers*

“ENM” for intending *Embedded Network Managers*

|  |  |
| --- | --- |
| **Suggested Participant ID**  (Maximum 8 characters) |  |

**MarketNet Connection**

For details regarding options and entitlements for connections to AEMO’s communications network, including requests for additional bandwidth, please refer to the [Guide to Information Systems](http://www.aemo.com.au/-/media/Files/IT_Changes/Guide-to-Information-Systems.pdf), available from the AEMO website.

|  |  |  |
| --- | --- | --- |
| **Will the Applicant be using an existing MarketNet connection?** | Yes 🞏 No 🞏 | If yes, please provide Participant ID |
| If no, the applicant requires new connection(s) of the types listed below.  Please select applicable connection type for a primary connection and a secondary connection. |
| **Primary Connection**  **AEMO recommends VPN (VIRTUAL PRIVATE NETWORK) LAN TO LAN as the Primary Connection (fast setup and uses your existing internet connectivity).** | 🞏 VPN (Virtual Private Network) LAN to LAN  🞏 Telstra Ethernet Lite (BDSL)  (ALLOW UP TO 2 MONTHS FOR SET UP)  🞏 VPN Variable | |
| **Secondary Connection**  **Secondary connection method should be different from the Primary Connection to support path diversity.** | 🞏 VPN (Virtual Private Network) LAN to LAN  🞏 Telstra Ethernet Lite (BDSL)  (ALLOW UP TO 2 MONTHS FOR SET UP)  🞏 VPN Variable | |

### Section 8: Applicant Signature

Signature……………………………………………………………..………………..……….

Name & Title ……………………………………………………………………..……………

Date………………………………………………………………………………………..……

Position --------------------------------------------------------------------------------------------------

Date: ---------/---------------/--------------

This form should be submitted to: [supporthub@aemo.com.au](mailto:supporthub@aemo.com.au).

Any queries about this application should be submitted to: [supporthub@aemo.com.au](mailto:supporthub@aemo.com.au).

1. Anyone applying for category 4M services for type 4 *metering installations* that might also contain CTs will need to apply for category 3A, as well. [↑](#footnote-ref-2)