

# NOMINATION OF: RESPONSIBLE PERSON

PREPARED BY: Retail Markets and Metering  
DOCUMENT REF: RETAILMARKET-12-37191  
PREPARED FOR: Declared Wholesale Gas Market (Vic)  
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**To:** Group Manager Retail Markets and Metering

AEMO

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# Version Control

VERSION NUMBER	CHANGES MADE	AUTHOR	DATE OF CHANGE
1	Revised	RM&M	June 2014

## 1. Introduction

### 1.1 Purpose

The purpose of this document is to identify and confirm the Authorisation of the Responsible Person (RP) whose responsibilities are stated in the Declared Wholesale Gas Market Rules, Technical Matters, Part 19 Division 3, subdivision 4, Section 292, or the nomination of an Authorised Person who is a known representative of a Participant Organisation in the Declared Wholesale Gas Market (Victorian Gas Market).

Additions/additional authorisations of RP's require this form to be updated by the Participant Organisation and signed by a known signatory. This form will be available on the AEMO Website.

### 1.2 Responsible Person (RP) role

The person who is responsible for providing a metering installation for a particular system point or a distribution delivery point in accordance with the rules.

**Participant Organisation (Authorising Manager)**

<b>RESPONSIBLE PERSON</b> <input type="checkbox"/>	<b>AUTHORISING PERSON</b> <input type="checkbox"/>		
Registered Market Participant Name:	Name (please print):	Title:	Signature:
	Phone No :	Fax No:	Mobile :
	E-mail :		

**Nominated Responsible Person (Distributor / TPO)**

<b>RESPONSIBLE PERSON</b> <input type="checkbox"/>	<b>AUTHORISED PERSON</b> <input type="checkbox"/>		
Registered Market Participant Name:	Name (please print):	Title:	Signature:
	Phone No :	Fax No:	Mobile :
	E-mail :		

**Nominated Responsible Person alternative (Distributor / TPO)**

<b>RESPONSIBLE PERSON</b> <input type="checkbox"/>	<b>AUTHORISED PERSON</b> <input type="checkbox"/>		
Company Name:	Name (please print):	Title:	Signature:
	Phone No :	Fax No:	Mobile :
	E-mail :		

**Nominated Responsible Person alternative (Distributor / TPO)**

<b>RESPONSIBLE PERSON</b> <input type="checkbox"/>	<b>AUTHORISED PERSON</b> <input type="checkbox"/>		
Company Name:	Name (please print):	Title:	Signature:
	Phone No :	Fax No:	Mobile :
	E-mail :		

**Nominated Responsible Person alternative (Distributor / TPO)**

<b>RESPONSIBLE PERSON</b> <input type="checkbox"/>	<b>AUTHORISED PERSON</b> <input type="checkbox"/>		
Company Name:	Name (please print):	Title:	Signature:
	Phone No :	Fax No:	Mobile :
	E-mail :		