



Company Name	
Customer ID	
Customer Entity Code	

Security Administrator Request	
<input type="checkbox"/> Standard Market Design	<input type="checkbox"/> OASIS Node
<input type="checkbox"/> New	<input type="checkbox"/> Revoke

ISO New England Security Administrator Signatory Page

The undersigned hereby acknowledge that: (i) the Security Administrator is the person authorized and responsible for providing and maintaining User information to ISO New England; (ii) it is the responsibility of the Company to notify ISO New England of changes to the person designated as Security Administrator; and (iii) the Company will promptly submit changes to the person designated as Security Administrator by resubmitting this form, duly notarized.

The undersigned further hereby acknowledge that: (i) ISO New England provides a Public Key Infrastructure (PKI) for authenticity, integrity and non-repudiation of messages and transactions; (ii) the Security Administrator will take appropriate security measures for the storage and management of his or her Company's Digital Certificates so as to minimize the risk of unauthorized access to his or her Company's Digital Certificates; and (iii) the Company will be accountable for all actions in relation to the use of its Digital Certificates.

Authorized Security Administrator Information

Authorized Security Administrator Name:	
Authorized Security Administrator Title:	
Authorized Security Administrator Address:	
City, State, Zip Code:	
Authorized Security Administrator E-mail:	
Authorized Security Administrator Phone:	
Authorized Security Administrator Fax:	

Signatures of Security Administrator and Company Officer

<i>Authorized Security Administrator</i>	<i>Authorizing Company Officer</i>
_____ Security Administrator Signature	_____ Company Officer Signature
_____ Security Administrator Name	_____ Company Officer Name
	_____ Company Officer Title

Notarization of Company Officer's Signature

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public

State

My County of Residence

My Commission Expires