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lice, no.

Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27th Floor Toronto ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656 Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

NOV 'i 'i 2019 Ontario energy board



Application for an Electricity Retailer Licence

For Office Use Only			
Application Number EB - 2019 - 0274			
Date Received	Nov. 11/19		

1. The Applicant		,	
Legal Name of the Applicant :	TransAlta (SC) Inc. on behalf of TransAlta (SC) L.P.		
Name to Appear on Licence:	TransAlta (SC) Inc. on behalf of TransAlta (SC) L.P.		
Indicate if the name to appear	on the licence is the same as the legal name.		
Please note that if the name to appeinclude the legal name of the applic appear on the notice of application a	ear on the licence is not the same as the legal name, the name or ant and the legal name must appear first. The "Name to Appear o and on the licence.	n the licence must on Licence" will	
Business Classification:			
○ Sole Proprietor			
O Partnership			
Corporation			
C Other (describe)			
Date of formation or incorporation:			
Place of formation or incorporation:			
Province/state			
Country			
If the applicant is an individual, the all the applicant is an individual, is he Yes	applicant must be at least 18 years old. e or she at least 18 years old?		
O No			
Not applicable - not an individua			

2. Licence Primary Contact

As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.

Mr. ⊜ Mrs. ⊚	Last Name Ohreen	First Name Paula	Initial	
Miss C Ms. C	Title/Position			
Other C	Trading Compliance Program Coordinator			
	Company Name if different from Name to Appear on Licence			
	TransAlta			
Licence Primary Contact Add	dress:			
110 - 12 Avenue SW				
City	Province/State	Country	Postal/Zip Code	
Calgary	Alberta	Canada	T2R 0G7	
Phone Number Tol	Il Free (if available) Fax Number	E-mail Address		
403-267-4751		paula_ohreen@transa	ılta.com	

If the above address is not in Ontario, the applicant must also provide contact information for service purposes in the province of Ontario. Applicants whose offices are not located in Ontario may provide the address of an agent (an individual who is a resident of Ontario and is at least 18 years old, or a corporation that has its head office or registered office in Ontario) as the address of service.

Mr.	Last Name Heaman		First Name Brian	Initial	
Miss O Ms. C	Title/Position				
Other C	Manager, Comme	Manager, Commercial			
	Company Name if	Company Name if different from Name to Appear on Licence			
Address for Service in C	Address for Service in Ontario (if different than the Licence Primary Contact Address above)				
1475 Vidal Street S					
City		Province	Postal Code		
Sarnia		ONTARIO	N7T 7V2		
Phone Number	Toll Free (if available)	Fax Number	E-mail Address		
519-464-5836		519-464-5832	brian_heaman@transalta.	com	

3. Application Pri	mary Contact			
Indicate if same as above. If yes, proceed to section 4.				
primary contact noted contact for the licence	l above. An applicant may	also choose to designate communicate with this	the applicant's organization othete a consultant, lawyer, etc. to person during the course of the	be the primary
	Last Name		First Name	Initial
Mr. O Mrs. (
Miss C Ms. (Title/Position			
Other O				
	Company Name	if different from Name	to Appear on Licence	
Application Primary	Contact Address:		1	
City	Province	/State	Country	Postal/Zip Code
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	
4. Customer Complaint or Inquiries Primary Contact Provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed. The mailing address should be in Ontario and the telephone number should be listed in Ontario. If the applicant intends to retail electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity), the applicant should also provide a telephone number which may be reached by the general public without a charge.				
	Last Name		First Name	Initial
Mr. © Mrs. (riodrian		Brian	
Miss C Ms. (TRIE/T GSIRIOTT			
Other C	Manager, Comm			
	Company Name if different from Name to Appear on Licence			

Province

ONTARIO

Fax Number

519-464-5832

Postal Code

E-mail Address

brian_heaman@tranalta.com

N7T 7V2

Customer Complaint or Inquiries Primary Contact Address:

Toll Free

City

1475 Vidal Street S

Phone Number

519-464-5836

5. Type of Application		
○ New licence		
• Renewal, please provide the licence nu	ımber and expiry date of the existing licence	
Licence Number: ER- 2014-0374	Expiry Date: January 28, 2020	
0.77 J. N.		
6. Trade Names		
The electricity retailer licence authorizes the held. It also provides for the use of trade n	ne licensee to conduct business using the name ames by the licensed electricity retailer.	e under which the licence is
Does the applicant intend to use trade nan	nes?	
Yes, provide a list of trade name	es the applicant intends to use in the space pro	vided below.
No, proceed to 7.		
7. Applicant's Licensing Status a	nd History	
	pplicant, or an associated entity (e.g., a partner Business Corporations Act definition for affiliate	
Yes, provide details of current a	nd expired licences in the table below.	
No, proceed to 7(b).		
Licensee Name	Relation to the applicant (e.g., applicant itself, affiliate, partneretc.)	Licence Number
See: ER-2014-0374 - Attachment 1		

	nt, an affiliate of the application(s) before the O		ed entity (e.g.	, a partnership oı	r limited partnership)
	de details in the table bel	ow.			
No, proceed to 7(c). Applicant Name		Type of Application		Ontario Energy Board File Number (if applicable)	
		······································			
	, an affiliate of the applicationsed energy sector ac				
✓ Yes, provide✓ No	e details of current and ex	xpired licences in th	e table below		•
Company Name	Jurisdiction	Business Activ	ity Name o	of Licensing Body	Licence/Registration No.
See Attachment 1			·		
8. Officers, Direct	ors and Key Individ	uals			
(a) If the applicant is and title.	a corporation, provide as	a separate attachr	nent a list of a	ll officers and dire	ectors, including name
following function	ey individuals below. The s for the applicant: regula uals may include the Chi	ntory requirements	and conduct, f	nancial matters	and technical matters.
Note: Please list explain	a minimum of three ke	y individuals. If u	nable to prov	ide a minimum	of three, please
Name	of Key Individual			, ,	's business (or identify icant's business)
Aron Willis		S	VP, Growth		
Brent Ward			Treasurer & CFO TA RNW		
Gary Woods			Managing Director, Gas & Renewables		

offer. You may select as 0,000 kilowatt hours 150,000 kilowatt hours ricity to large-volume r offering for sale of ricity to low-volume offering for sale of
150,000 kilowatt hours ricity to large-volume r offering for sale of ricity to low-volume
ricity to large-volume r offering for sale of ricity to low-volume
r offering for sale of ricity to low-volume
vatt hours of electricity)
ered markets and settle
f electricity consumed by
-

(g) I understand and acknowledge that, as a licensed electricity retailer, I must enter into a service agreement with the distributor before registering customers in a distributor's service area.

Name	Signature	Date
Aron Willis	Market	Sept. 3, 2019
Brent Ward	ButWard	SeA 3, 2019
Gary Woods	34	Nov 7, 2019
		· · ·

Must be signed by:

(a) the proprietor or by at least one partner, officer or director of the organization; and

(b) each key individual identified in section 8(b)