



For Office Use Only	
Application Number	EB-2007-0611
Date Received	2007 Apr 1 - 20

A. General Information

1. Licensee Name

Name to Appear on Licence:	TransAlta Energy Marketing (U.S.) Inc.
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2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	CASTRO	Myrna	A.
Other: _____	Position Held: Contract Administrator		

Contact Address (if R.R., give Lot, Concession No. and Township)			
110 - 12th Avenue SW			
PO Box 1900 Station M			
Street			
City Calgary	Province/State Alberta	Country Canada	Postal/Zip Code T2P 2M1
Phone Number 403-267-6920	FAX Number 403-267-2575	E-mail Address Myrna_Castro@transalta.com	

3. Type of Application Process

New licence	<input type="checkbox"/>
Renewal	<input checked="" type="checkbox"/>
Additional information for an existing application	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>

Other (describe):

B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of:

Full Legal Name of Organization

**TransAlta Energy
Marketing (U.S.) Inc.**

Ontario Corporation Number or Business
Registration Number (from MCCR)

N/A

Date of Formation or
Incorporation

b) Business Address **Same as A-2**

City

Province/State

Country

Postal/Zip Code

Phone Number

FAX Number

E-mail Address (optional)

c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township.

City

Province/State

Country

Postal/Zip Code

Phone Number

FAX Number

E-mail Address (optional)

6. Licensing History

a) Does the Applicant have any affiliates that operate in Ontario? Yes No
(The term "affiliate", with respect to a corporation, has the same meaning as in the *Business Corporations Act*, RSO 1990, Chapter B.16)

b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number.

See Attachment 1

c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions? Yes No

If yes, please list company name, jurisdiction, activities, and licence number.

See Attachment 1

d) Note the name and address of any known Federal, Provincial, or local government agency that may have any jurisdiction over the action to be taken in this application and a brief description of that authority.

N/A

e) Is the Applicant applying for any other licence from the OEB? Please specify. Yes No