



For Office Use Only	
Application Number	EB-2007-0619
Date Received	2007 April 26

## A. General Information

### 1. Licensee Name

Name to Appear on Licence: *POWER AUTHORITY OF THE STATE OF NEW YORK*

### 2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	<i>ROUGEUX</i>	<i>PAUL</i>	<i>A</i>
Other: _____	Position Held: <i>DIRECTOR GENERATION RESOURCE MANAGEMENT</i>		

Contact Address (if R.R., give Lot, Concession No. and Township)

Street *123 MAIN STREET*

City <i>WHITE PLAINS</i>	Province/State <i>NEW YORK</i>	Country <i>USA</i>	Postal/Zip Code <i>10601</i>
Phone Number <i>914-681-6852</i>	FAX Number <i>914-681-6872</i>	E-mail Address <i>ROUGEUX.P@NYPA.GOV</i>	

### 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 type="checkbox"/>

Other (describe):



POLITICAL SUBDIVISION OF THE STATE OF NEW YORK

## B. Information about the Applicant

### 5. Applicant Organization

a) Application on behalf of:			
Full Legal Name of Organization <i>NEW YORK POWER AUTHORITY</i>		Ontario Corporation Number or Business Registration Number (from MCCR) <i>NA</i>	Date of Formation or Incorporation <i>NA</i>
b) Business Address <i>123 MAIN STREET</i>			
City <i>WHITE PLAINS</i>	Province/State <i>NEW YORK</i>	Country <i>USA</i>	Postal/Zip Code <i>10601</i>
Phone Number <i>914-681-6200</i>	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.

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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.**

NEW YORK POWER AUTHORITY OPERATES WITHIN THE NYISO, BOTH  
LOAD AND GENERATION

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.

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