

## Participant identifier application form

I would like to:

- ☐ advise of new participation for an existing identifier (section B)
- ☐ apply for a new participant identifier (Section C)
- ☐ apply for a non-participant identifier (section D)
- ☐ expire identifier and assign (Section E)
- ☐ transfer an existing identifier to another participant (Section F)

Please complete section A along with the relevant section/s from B to F. Email the completed form to [participantregister@ea.govt.nz](mailto:participantregister@ea.govt.nz)

Please note:

- you must already be registered as a participant to apply for a participant identifier:  
<http://www.ea.govt.nz/operations/industry-participants/how-to-register-as-a-participant/>
- EIEP transfer hub access must be applied for though:  
<https://www.ea.govt.nz/operations/consumer-services/provide-a-service-with-electricity-data/consumption-data/>

### A. Applicant details:

Organisation:	
	(note: this is the organisation applying for access, not the agent)
Phone:	
Address:	
Name:	
Email address:	
Date:	

### B. New participation for an existing Identifier:

Identifier <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	Start date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
4 alpha characters eg, "ACBC"	
New Participation <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	
See types listed in section C	

### C. Request new participant identifier:

Please note: This is only for the creation of your participant identifier. For each participant there are additional requirements and applications that need to be completed.	
New participant identifier requested: _____ <i>4 alpha characters eg, "ACBC"</i>	Start date _____
Participant Type: <input type="checkbox"/> Reconciliation Participant <input type="checkbox"/> Distributor <input type="checkbox"/> Dispatchable Load Purchaser <input type="checkbox"/> Meter Equipment Provider <input type="checkbox"/> Meter Equipment Owner <input type="checkbox"/> FTR Purchaser <input type="checkbox"/> Approved Test House	
<b>Authority use only</b> New participant identifier unique? <input type="checkbox"/> Yes <input type="checkbox"/> No New participant identifier approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### D. Request non-participant identifier:

Please note: This is only for the creation of a non participant code.	
New identifier requested: _____ <i>4 alpha characters eg, "ACBC"</i>	Start date _____
Participant Type: <input type="checkbox"/> Government agency <input type="checkbox"/> Other, please specify: _____	
<b>Authority use only</b> New identifier unique? <input type="checkbox"/> Yes <input type="checkbox"/> No New identifier approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### E. Expire an identifier

Participant identifier: _____ End date _____ <input type="checkbox"/> I wish to expire this existing participant identifier completely (for all uses)
Reason for expiry of identifier: _____

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## F. Transfer an existing identifier to another participant

Current participant name: \_\_\_\_\_

New participant name: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

Contact details at current participant who can confirm details- email or phone.

\_\_\_\_\_

### Authority use only: Authorisation

Signature: \_\_\_\_\_

Date: \_\_\_\_\_