



Portal Local Security Administrator (LSA) Confirmation Form

Please check all that apply:

MP LSA (Market Participant Roles)

MA LSA (Meter Agent Roles)

TC LSA (Transmission Customer Roles)

TO LSA (Transmission Owner Roles)

AP LSA (Application Roles)

LSA Information

LSA Name: _____

LSA Phone Number: _____

LSA Email Address: _____

Company Details

Company Name: _____

Entity Code: _____

Corporate Representative: _____

Corporate Representative Phone Number: _____

Corporate Representative Email Address: _____

By signing this form, I represent the following:

I am authorized to perform LSA tasks on behalf of the company listed in the Company Details section above (“the Company”).

I am responsible for the management of the Company’s users and their associated roles and access levels on Southwest Power Pool, Inc. (“SPP”) computer systems.

I am responsible for ensuring my own compliance with any collateral third party contracts I have entered that facilitate my duties as an LSA.

Signature of LSA: _____ **Date:** _____

By signing this form I am stating that I have the authority to authorize the registration of this LSA on behalf of the Company. I also understand that the Company is solely responsible for transactions executed on SPP systems by users registered and managed by this LSA and that the Company will promptly notify SPP upon change or rescission of this authorization.

Signature of Corporate Representative: _____ **Date:** _____

Print completed form and sign, or complete form and attach digital signature(s).
Return completed form via Request Management System (RMS)

For Office Use Only:

Initials: _____ Date: _____