



Certification Request Form

This form should be submitted via e-mail to Certification@mro.net

Entity Information

Entity Name (As Registered @ NERC):			Date:
NERC Compliance Registry (NCR) ID:			
Certification Request: New <input type="checkbox"/> Review <input type="checkbox"/>	BA <input type="checkbox"/> RC <input type="checkbox"/> TOP <input type="checkbox"/>		
Reason for request:			
Date(s) Requested for On-Site Visit			
Coordinated Functional Registration (CFR) (related to Certified function):	Yes <input type="checkbox"/> No <input type="checkbox"/>	CFR Number:	
Joint Registration Organization (JRO) (related to Certified function):	Yes <input type="checkbox"/> No <input type="checkbox"/>	JRO Number:	
Multi Regional Registered Entity (MRRE):	FRCC <input type="checkbox"/> MRO <input type="checkbox"/> NPCC <input type="checkbox"/> RF <input type="checkbox"/> SERC <input type="checkbox"/> Texas RE <input type="checkbox"/> WECC <input type="checkbox"/>		
MRRE ID:			

Certification Contact

Name:		Title:	
Contact Address:		City, State, Zip:	
Telephone:		E-Mail Address:	

For questions about Certification and Certification reviews, please contact:
Russel Mountjoy at russ.mountjoy@mro.net

If this is a new registration, please also complete the [MRO Registration form](#).