

Instructions to Complete Third Party Authorization Form

Overview: How to Complete the "Confirmation of Authorized Agent to Act on Behalf of Applicant for Distribution and Joint Relocation Projects" Form

Download form at www.sce.com/brpppforms

1. Applicant Information (highlighted in green on sample form):

1. Fill in the **Applicant's Name, Title, and Project Address**. If the applicant is a homeowner, title is homeowner. If property owner by a business, list the legal entity as the Company Name and the company's authorized project submitter and title as the Applicant Name.
2. Ensure the Applicant is someone authorized to legally bind the organization to the property (e.g., homeowner; property owner or executive officer of a business-owned property; city manager of a government-owned location).

2. Authorized Agent Information (highlighted in blue on sample form):

1. Fill in the **Applicant's Name, Title, and Mailing Address**. Homeowners should supply the homeowner name as both the applicant representative and applicant.
2. Provide the **Authorized Agent's Name, Title, and Mailing Address**.
3. If multiple agents are authorized, list additional names on page 6.

3. Authorization Details (highlighted in purple on sample form):

1. Specify the number of projects for which the agent is authorized.
2. Specify the **acts and functions** the Authorized Agent is authorized to perform by checking the relevant boxes (e.g., initiating SCE projects, representing the applicant at meetings).
Note: "Request Facility Relocation" checkbox also applies to panel upgrades.
3. Note: If only items marked with an asterisk (*) are selected, notarization is not required.

4. Authorization Duration:

1. Indicate the anticipated **end date** of the authorization (the form applies to the specified end date or the duration of the project(s), **whichever is earlier**).
2. Initial the selected options for communication preferences (e.g., Option 1 or Option 2).

5. Applicant's Declaration:

1. The Applicant must sign and date the form, certifying under penalty of perjury that the information is accurate and the Authorized Agent is authorized to act on their behalf.
2. Include the Applicant's contact information (e.g., phone number).

6. Authorized Agent's Declaration:

1. The Authorized Agent must sign and date the form, confirming their authority to act and indemnifying SCE from liability related to unauthorized use of information.

7. Notarization (if required):

1. If boxes outside the red section on page 2 are checked, notarization is mandatory.
2. A notary public must verify the identity of the signatories and complete the acknowledgment section.

8. Name Additional Authorized Agents/Representatives (if applicable):

1. List the **SCE Product/Project Numbers, Tract Numbers, Phases, Locations, and Cities** for all projects included in the authorization **in addition to project address listed on page 1**, initialed and dated by applicant (Page 5, as applicable).

9. Project Information:

1. Provide the **Authorized Agent Name(s) and Titles** of representatives in addition to agent listed on page 2 (initialed and dated by applicant (Page 5, as applicable).

10. Submission:

1. Submit the fully executed original form with your application.
2. Retain a photocopy for the Applicant's records.

Tips:

- Ensure all required fields are completed accurately.
- Notify SCE immediately in writing if the Authorized Agent's authority changes.

This form simplifies the authorization process while protecting the Applicant's privacy rights.



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Company Name:
 Applicant Name: Sunny Caliday
 Address: 123 S Main Street
 City, State ZIP: Anytown, CA 99999

Legend

Property and Owner Details

Authorized Representative Details

Project Authorizations and Details

SUBJECT: SCE'S FORM - CONFIRMATION OF AUTHORIZED AGENT TO ACT ON BEHALF OF APPLICANT FOR DISTRIBUTION AND JOINT RELOCATION PROJECTS

By executing the following form, "Confirmation of Authorized Agent to Act on Behalf of Applicant for Distribution and Joint¹ Relocation Projects" (the "Form"), the Applicant² of Southern California Edison ("SCE") confirms the authorization of a designated third-party authorized agent ("Authorized Agent")³ to act on the Applicant's behalf **to acquire work order project information from SCE or to execute new SCE forms and other SCE documents as designated in the Form.** The Form is designed to simplify the authorization process and protect the privacy rights of the Applicant.

APPLICANT/AUTHORIZED AGENT INFORMATION

- The Form shall be completed and signed by a representative in the Applicant's organization who has the authority to legally bind the Applicant (e.g., an executive officer of a corporation, the City Manager of a municipality, etc.).
- The Form shall be completed and signed by a representative in the Authorized Agent's organization who has the authority to legally bind the organization (e.g., an executive officer of a corporation).
- List all the acts and functions (page 2) for all project(s) designated (page 5) for which the Authorized Agent is authorized to act upon on behalf of the Applicant. This authorization is in effect until the date indicated (page 3) or for the duration of the project(s) identified, whichever is earlier.
- The Applicant must immediately notify SCE in writing of any modification of the Authorized Agent's authority by submitting a new Form. In the event that multiple Forms are on file, the most recently executed Form will supersede any and all previously signed Forms.
- Fully executed original Forms shall be provided to the SCE Planner, Project Manager, or Distribution Construction Contract Management. The Applicant may photocopy the Form for the Applicant's records.

Thank you,

SOUTHERN CALIFORNIA EDISON

¹ Include Transmission and Distribution or Communication.

² An Applicant is the owner or developer requesting SCE to deliver/supply electric service.

³ An authorized Agent is a person(s) or an agency.

CONFIRMATION OF AUTHORIZED AGENT TO ACT ON BEHALF OF APPLICANT FOR DISTRIBUTION AND JOINT RELOCATION PROJECTS

THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY

(Please Print or Type)

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I, Sunny Caliday, homeowner

APPLICANT'S REPRESENTATIVE NAME AND TITLE

of Sunny Caliday

APPLICANT

have the following mailing address:

PO Box 123	Anytown	CA	99999
APPLICANT'S MAILING ADDRESS	CITY	STATE	ZIP

do hereby appoint

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John Doe, Licensed Contractor

AUTHORIZED AGENT'S NAME AND TITLE (if multiple agents add names on page 6)

of 3 Nexa Contracting, LLC

AUTHORIZED AGENT'S COMPANY (if applicable)

located at the following mailing address:

PO Box 555	Anytown	CA	99999
AUTHORIZED AGENT'S MAILING ADDRESS	CITY	STATE	ZIP

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to act as Applicant's Authorized Agent for the 1 project(s) as listed on the attached 1 sheet(s).

I, Applicant, also hereby confirm that the above Authorized Agent is authorized to act on my behalf to perform the following acts and functions (initial all applicable) as specified below:

- ☒ * Initiate SCE Project/Design
 - ☒ * Request Facility Relocation (if applicable - for service changes, panel upgrades, etc.)
 - ☒ * Receive final electrical design & contracts for approval and signatures by the Applicant
 - ☐ * Obtain Project Invoice(s)
 - ☒ * Represent applicant at all project meetings

If only items above/in this section/with an asterisk are checked, a notary is not required to execute this document*

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| <ul style="list-style-type: none"> <input type="checkbox"/> Sign and apply for Temporary Service <input type="checkbox"/> Sign Assignment of contract for Extension of Lines or Installation of Electric Facilities, Form C-200 <input type="checkbox"/> Sign Applicant Design Option Letter <input type="checkbox"/> Sign Terms and Conditions Agreement for Installation of Line Extension by Applicant, Form 14-188 <input type="checkbox"/> Sign Distribution Line Extension Competitive Bidding – Letter of Understanding, Form 14-189 <input type="checkbox"/> Sign Distribution Line and/or Service Extension – Applicant's Installation Option & Statement of Anticipated Costs, Form 14-754 | <ul style="list-style-type: none"> <input type="checkbox"/> Sign Indemnity Letter <input type="checkbox"/> Sign Preliminary Design and Engineering Agreement, Form 14-238 <input type="checkbox"/> Sign Added Facilities Agreements, Forms 16-308 and 16-309 <input type="checkbox"/> Sign Rule 20 Contract (Form CSD-156-1, 2, 3, or 4) <input type="checkbox"/> Obtain Distribution Project Accounting Information from Distribution Construction Contract Management <input type="checkbox"/> Sign Contract for Extension of Electric Distribution Line, Rule No. 15, (Installation by SCE) Form 16-330 <input type="checkbox"/> Sign and approve preliminary and final project design
Sign Contract for Extension of Electric Distribution Line, Rule No. 15, Installation by Applicant, Form 16-331 <input type="checkbox"/> Sign Rule 15 Refundable or Discount Option Estimate, Extension of Electric Distribution Line – Installation by Applicant or SCE – Appendix A <input type="checkbox"/> Sign MOU or Letter Agreements <input type="checkbox"/> Sign Interconnection Facilities Financing and Ownership Agreement (IFFOA) <input type="checkbox"/> Sign Project Cost Estimate Letter <input type="checkbox"/> Change address of where to send refunds, deficit bills, or reimbursable monies owed or due <input type="checkbox"/> Sign Customer Project Information Sheet (CPIS) or the Building, Renovation and Project Planning (BRPPP) Mixed-Fuel acknowledgment |
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I, Applicant's Representative, declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Applicant listed on this Form. I further certify that the Authorized Agent has authority to act on the Applicant's behalf, request the release of information and perform the specific acts and functions as indicated on this Form.

I, Applicant, hereby release, hold harmless, and indemnify SCE from any liability, claims, demands, causes of action, damages, or expenses resulting from unauthorized use of this information by the Authorized Agent. I understand SCE reserves the right to verify any authorization request submitted before releasing information. This authorization is in effect until December 31, 2026 or for the duration of the project(s), whichever is earlier. I understand that I may cancel this authorization at any time by submitting a written request. I understand my signature must be notarized (see notary exceptions on page 2) for SCE to release any information or perform any services on my behalf.

I, Applicant, understand that I am not fully releasing my rights to review documentation related to my project(s) or to communicate with representatives of SCE regarding my project(s) under this Agreement. As such I may (1) choose to request that all information (contracts, billing, etc.) be handled directly by my Authorized Agent and that I only be contacted should a problem occur that requires my immediate attention; or (2) request to receive all information (contracts, billing, etc.) and communication in addition to that information being sent to my Authorized Agent. I have chosen to do one of the following by placing my initials behind one of the Option selections below:

Option 1:

Option 2: SC (Documentation from Distribution Construction Contract Management and Non-Energy Billing are excluded)

I understand that the Authorized Agent may bind the applicant for those items checked/indicated above.

Sunny Caliday

(213) 555-1212

Applicant's Representative Signature

Telephone Number

Print Name and Title: Sunny Caliday, homeowner

Date: 09/12/2025

I, Authorized Agent's Representative, have the authority to financially bind the Authorized Agent. I, Authorized Agent, hereby release, hold harmless, and indemnify SCE from any liability, claims, demand, causes of action, damages, or expenses resulting from unauthorized use of the Applicant's information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

John Doe

(424) 555-6789

Authorized Agent's Representative Signature

Telephone Number

Print Name and Title: John Doe, Contractor

Date: 09/12/2025

ACKNOWLEDGMENT

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

PROJECTS INCLUDED IN THIS AUTHORIZATION:

1.	SCE PRODUCT/PROJECT# ⁴	TRACT # (S) AND PHASE(S)	LOCATION	CITY
2.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
3.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
4.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
5.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
6.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
7.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
8.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
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10.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
11.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
12.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
13.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
14.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
15.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
16.	SCE PRODUCT/PROJECT#	TRACT # (S) AND PHASE(S)	LOCATION	CITY
17.	SCE PRODUCT/PROJECT #	TRACT # (S) AND PHASE(S)	LOCATION	CITY

Page _____ of _____ of projects included in this authorization

Applicant's Initials _____ Date _____

⁴ Where available, as the Product/Joint Relocation Project number may not have been assigned at this point

ADDITIONAL AUTHORIZED AGENT NAMES

AUTHORIZED AGENT'S NAME	TITLE
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Applicant's Initials _____ Date _____