

eAssessments Quick Reference Guide

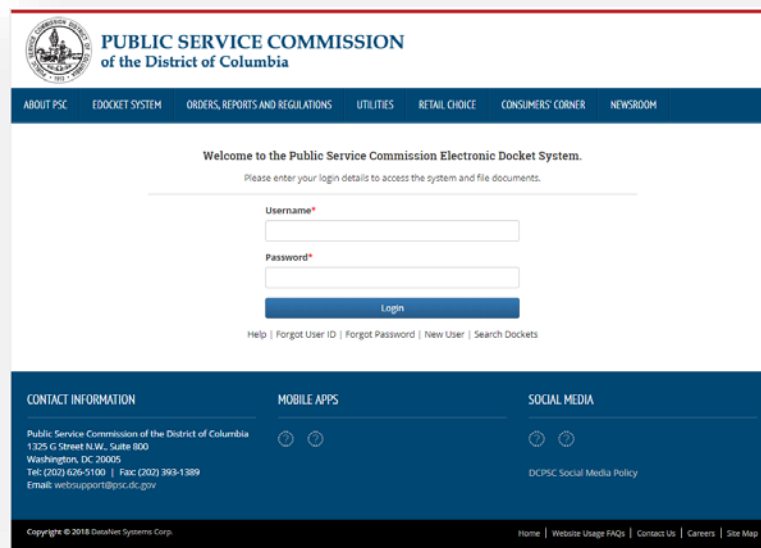
Logging in as a Survey Recipient	2
Completing Surveys	3
Electricity Survey.....	5
Natural Gas Survey.....	9
Competitive Local Exchange Carriers Survey.....	14

eAssessments Quick Reference Guide

Logging in as a Survey Recipient

To Login as a Survey Recipient:

<https://edocket.dcpsc.org/account/login>




The screenshot shows the login page for the Public Service Commission of the District of Columbia. At the top left is the PSC logo. The header includes the text "PUBLIC SERVICE COMMISSION of the District of Columbia" and a navigation menu with links: ABOUT PSC, EDOCKET SYSTEM, ORDERS, REPORTS AND REGULATIONS, UTILITIES, RETAIL CHOICE, CONSUMERS' CORNER, and NEWSROOM. The main content area features a welcome message: "Welcome to the Public Service Commission Electronic Docket System. Please enter your login details to access the system and file documents." Below this is a login form with fields for "Username*" and "Password*", and a "Login" button. At the bottom of the form are links for "Help", "Forgot User ID", "Forgot Password", "New User", and "Search Dockets". The footer contains contact information, mobile app icons, social media links, and copyright information: "Copyright © 2018 DataNet Systems Corp." and "Home | Website Usage FAQs | Contact Us | Careers | Site Map".

NOTE: When logging in for the first time, you will see the following notice. Click the checkbox once you have read the **DC PSC Electronic Filing System Rules** and agree to the Terms and Conditions listed within. Click the **Submit** button to continue.

Notice of Final Rulemaking

Welcome to the DC Public Service Commission's Electronic Filing System. Please review our Terms and Conditions by clicking the link below. You may then continue by checking the box below the link, and clicking Submit. Thank you.

 [DC PSC Electronic Filing System Rules](#)

I have read the PSC Electronic Filing Rules, and agree to the Terms and Conditions listed within.

eAssessments Quick Reference Guide

Completing Surveys

To Complete a Survey:

1. Your list of associated surveys assigned to your eDocket user account will display on your eAssessments dashboard.
2. If you're assigned to multiple companies with different eDocket user accounts, you will be required to login using each account to see your list of associated surveys.
3. The status of each survey is listed next to the survey name. Survey responses that have been submitted can no longer be edited or revised.

Survey Name	Year	Template (E/G/T)	Last Status	Last Status Date	Assessed Amt - OPC	Assessed Amt - PSC	Paid Amt
Sample Electric Survey 9/25	2019	E	Submitted	09/25/2018			
Sample Natural Gas Survey 9/25	2019	G					

1. Click on the survey name to complete the online Annual Assessment survey.

2020 Annual Assessment Survey of Competitive Electricity Suppliers

Confidential: No
Check box to indicate that the data contained in this form should receive confidential treatment.

Exact Legal Name of the Company:* Softek Services, Inc.
(Include any name used in providing service)

FEIN:* 23-6511111

1. Please provide the following contact information:

Person completing this form:

First name:* Template

Last name:* Test

Telephone:* 123-456-7891

Email:* TTest@gsc.dc.gov

eAssessments Quick Reference Guide

Important Notes:

- The * asterisk fields are required.
- The **Phone** field only requires the input of numbers; hyphens are added automatically.
- A red border indicates the field does not include required characters (e.g., Email field requires @ symbol). The border turns to blue once the requirement has been met.

Email *

Email *

eAssessments Quick Reference Guide

Electricity Survey

Below is a sample survey using the Electricity template.

To complete a Competitive Electricity Supplier Survey:

1. Click on the check box if you would like the data entered into the Assessment survey form to receive Confidential treatment.
2. Verify accuracy of the Exact Legal Name of the Company. If there's an error, update your Company information with the Commission by contacting the Office of the Commission Secretary at (202) 626-5150.

2020 Annual Assessment Survey of Competitive Electricity Suppliers

Confidential: No
Check box to indicate that the data contained in this form should receive confidential treatment.

Exact Legal Name of the Company:* Softek Services, Inc.
(Include any name used in providing service)

FEIN:* 23-6511111

1. Please provide the following contact information:

Person completing this form:

First name:* Template

Last name:* Test

Telephone:* 123-456-7891

Email:* Ttest@psc.dc.gov

3. Enter all required fields for the Regulatory and Customer Service Contacts.

Regulatory Contact	Customer Service Contact
Name:*	Name:*
Title:*	Title:*
Street Address:*	Street Address:*
City:*	City:*
State:*	State:*
ZIP code:*	ZIP code:*
Telephone Number:*	Telephone Number:*
Email:*	Email:*
Web Address:	Web Address:

eAssessments Quick Reference Guide

4. If your company is currently licensed as an Electricity Supplier to provide services in the District of Columbia, select all that apply.

If your company is currently licensed as an Electricity Supplier, enter the five-digit Order Number, date of license approval, and date of license renewal (if applicable) granting your company a license to provide services in the District of Columbia.

If you're unsure of your Order Number, date of license approval, and/or date of license renewal, refer to your original Order approving your company's application to provide services in the District of Columbia.

2. Are you currently licensed as an **Electricity Supplier** to provide service in the District of Columbia as a(n):

Aggregator?*	<input type="radio"/> Yes <input type="radio"/> No
Broker?*	<input type="radio"/> Yes <input type="radio"/> No
Marketer?*	<input type="radio"/> Yes <input type="radio"/> No
Retail Electric Generation Provider?*	<input type="radio"/> Yes <input type="radio"/> No
Note: Company can check one or more boxes	

3. Please indicate the Order No. and date on which you were granted an **Electricity Supplier** license.

License Type	Order No. Granting License Approval	Date of Original License Approval	Date of License Renewal (if Applicable)
Aggregator	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Broker	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Marketer	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Retail Electric Generation Provider	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

Note: If company indicates that it is currently licensed in No. 2 above, company must provide "Order No. Granting License Approval" and "Date of Original Approval," for each "License Type."

eAssessments Quick Reference Guide

5. If your company supplied electricity to end users in the District of Columbia, select Yes.
If your company did not supply electricity to end users in the District of Columbia, select No.
If you selected Yes, provide a breakdown of your gross jurisdictional revenue by license type (i.e., Aggregator, Broker, Marketer, and/or Retail Electric Generation Provider).

4. Anytime during the calendar year January 1, 2019 through December 31, 2019:

A. Were you supplying electricity to end users (i.e. retail service) in the District of Columbia? *

Yes No

B. What was your gross jurisdictional revenue from providing electricity to end users in the District of Columbia? (Please indicate dollars and cents below. DC Jurisdictional revenues do not include revenues from wholesale services that are not provided to end users in the District.)

\$0.00

C. If you are providing electricity services to end users under [multiple License Types](#), please provide a breakdown of your gross jurisdictional revenues by License Type. (Please indicate dollars and cents below)

License Type	Percentage of Revenue (%)	Amount of Revenues (\$)
Aggregator	<input type="text"/>	<input type="text"/>
Broker	<input type="text"/>	<input type="text"/>
Marketer	<input type="text"/>	<input type="text"/>
Retail Electric Generation Provider	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>

Note: If company indicates that it has multiple licenses in Item 2 above, it must provide a breakdown of its revenues by License Type.

eAssessments Quick Reference Guide

- If your company supplied electricity to end users in the District of Columbia, provide a breakdown of the Number of Customers and Number of MWH Sold for Residential and Non-Residential Customers, if applicable.

5. Please provide the following information for electricity supplied to end users in the District of Columbia:

Anytime during the calendar year January 1, 2019 through December 31, 2019, please indicate in the table below:

	Number of Customers	Number of MWH Sold
Residential		
Single Family	<input type="text"/>	<input type="text"/>
Master-Metered Apartments	<input type="text"/>	<input type="text"/>
Subtotal-Residential	<input type="text" value="0"/>	<input type="text" value="0"/>
Non-Residential	<input type="text"/>	<input type="text"/>
TOTAL (Residential + Non-Residential)	<input type="text" value="0"/>	<input type="text" value="0"/>

Please file your completed survey and attached affidavit with the Commission Secretary's office no later than **April 2, 2020**. Failure to submit the requested documents on time may subject the company to a penalty of \$100.00 for each day the filing is late, pursuant to 15 DCMR § 1301.3.

- Certify the accuracy and completeness of all required fields by clicking on the Affidavit of General Compliance check box and providing your electronic signature.

Electronic Signature

Affidavit of General Compliance: I certify, under penalty of perjury and to the best of my knowledge, that the information in this annual survey is true, accurate and complete. I acknowledge that, in the event that any of the information contained in this annual survey changes, I will amend the annual survey to provide the Commission with such changed information.*

Electronic signed by:*

[Return to Recipient List](#)

ASSESSMENT PSC ASSESSMENT OPC PAYMENTS FILINGS STATUS HISTORY

Assessment Amount:

Proposed Amount:

% Budget:

% Revenue:

[Save](#)

- Click Save to save all data entry.
- Click the Submit button to submit the survey.

eAssessments Quick Reference Guide

Natural Gas Survey

To complete a Competitive Natural Gas Supplier Survey:

Below is a sample survey using the Natural Gas template.

1. Click on the check box if you would like the data entered into the Assessment survey form to receive Confidential treatment.

Verify accuracy of the Exact Legal Name of the Company. If there's an error, update your Company information with the Commission by contacting the Office of the Commission Secretary at (202) 626-5150.

Note: If your company is an Aggregator, Broker, or Marketer, enter 000000 for the required PHMSA ID field.

2020 Annual Assessment Survey of Competitive Natural Gas Suppliers

Confidential: Check box to indicate that the data contained in this form should receive confidential treatment.	<input type="checkbox"/> No
Exact Legal Name of the Company:*	<input type="text" value="Softek Services, Inc."/> (Include any name used in providing service)
FEIN:*	<input type="text" value="23-6511111"/>
PHMSA ID:* (Pipeline & Hazardous Materials Safety Administration)	<input type="text" value="232323"/>
1. Please provide the following contact information:	
Person completing this form:	First name:* <input type="text" value="Test"/> Last name:* <input type="text" value="User"/>
Telephone:*	<input type="text" value="703-999-9999"/>
Email:*	<input type="text" value="lmlear@gmail.com"/>

eAssessments Quick Reference Guide

Enter all required fields for the Regulatory and Customer Service Contacts.

Regulatory Contact		Customer Service Contact	
Name: [*]	<input type="text"/>	Name: [*]	<input type="text"/>
Title: [*]	<input type="text"/>	Title: [*]	<input type="text"/>
Street Address: [*]	<input type="text"/>	Street Address: [*]	<input type="text"/>
City: [*]	<input type="text"/>	City: [*]	<input type="text"/>
State: [*]	<input type="text" value="v"/>	State: [*]	<input type="text" value="v"/>
ZIP code: [*]	<input type="text"/>	ZIP code: [*]	<input type="text"/>
Telephone Number: [*]	<input type="text" value="-- --"/>	Telephone Number: [*]	<input type="text" value="-- --"/>
Email: [*]	<input type="text"/>	Email: [*]	<input type="text"/>
Web Address:	<input type="text"/>	Web Address:	<input type="text"/>

eAssessments Quick Reference Guide

2. If your company is currently licensed as a Natural Gas Supplier to provide services in the District of Columbia, select all that apply.
3. If your company is currently licensed as a Natural Gas Supplier, enter the five-digit Order Number, date of license approval, and date of license renewal (if applicable) granting your company a license to provide services in the District of Columbia.

If you're unsure of your Order Number, date of license approval, and/or date of license renewal, refer to your original Order approving your company's application to provide services in the District of Columbia

2. Are you currently licensed as a **Natural Gas Supplier** to provide service in the District of Columbia as a(n):

Aggregator?*	<input type="radio"/> Yes <input type="radio"/> No
Broker?*	<input type="radio"/> Yes <input type="radio"/> No
Marketer?*	<input type="radio"/> Yes <input type="radio"/> No
Retail Natural Gas Provider?*	<input type="radio"/> Yes <input type="radio"/> No

Note: Company can check one or more boxes

3. Please indicate the Order No. and date on which you were granted a **Natural Gas Supplier** license.

License Type	Order No. Granting License Approval	Date of Original License Approval	Date of License Renewal (if Applicable)
Aggregator	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Broker	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Marketer	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
Retail Natural Gas Provider	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

Note: If company indicates that it is currently licensed in No. 2 above, company must provide "Order No. Granting License Approval" and "Date of Original Approval," for each "License Type."

eAssessments Quick Reference Guide

4. If your company supplied natural gas to end users in the District of Columbia, select Yes.
If your company did not supply natural gas to end users in the District of Columbia, select No.
If you selected Yes, provide a breakdown of your gross jurisdictional revenue by license type (i.e., Aggregator, Broker, Marketer, and/or Retail Natural Gas Provider).

4. Anytime during the calendar year January 1, 2019 through December 31, 2019:

A. Were you supplying natural gas to end users (i.e. retail service) in the District of Columbia?*

Yes No

B. What was your gross jurisdictional revenue from providing natural gas to end users in the District of Columbia? (Please indicate dollars and cents below. DC Jurisdictional revenues do not include revenues from wholesale services that are not provided to end users in the District.)

\$0.00

C. If you are providing natural gas services to end users under multiple License Types, please provide a breakdown of your gross jurisdictional revenues by License Type. (Please indicate dollars and cents below)

License Type	Percentage of Revenue (%)	Amount of Revenues (\$)
Aggregator	<input type="text"/>	<input type="text"/>
Broker	<input type="text"/>	<input type="text"/>
Marketer	<input type="text"/>	<input type="text"/>
Retail Natural Gas Provider	<input type="text"/>	<input type="text"/>
Total	0	\$0.00

Note: If company indicates that it has multiple licenses in Item 2 above, it must provide a breakdown of its revenues by License Type.

eAssessments Quick Reference Guide

5. If your company supplied natural gas to end users in the District of Columbia, provide a breakdown of the Number of Customers and Number of Therms Sold for Residential and Non-Residential Customers, if applicable.

5. Please provide the following information for natural gas supplied to end users in the District of Columbia:

Anytime during the calendar year January 1, 2019 through December 31, 2019, please indicate in the table below:

	Number of Customers	Number of Therms Sold
Residential		
Single Family	<input type="text"/>	<input type="text"/>
Master-Metered Apartments	<input type="text"/>	<input type="text"/>
Subtotal-Residential	<input type="text" value="0"/>	<input type="text" value="0"/>
Non-Residential	<input type="text"/>	<input type="text"/>
TOTAL (Residential + Non-Residential)	<input type="text" value="0"/>	<input type="text" value="0"/>

Please file your completed survey and attached affidavit with the Commission Secretary's office no later than **April 2, 2020**. Failure to submit the requested documents on time may subject the company to a penalty of \$100.00 for each day the filing is late, pursuant to 15 DCMR § 1301.3.

6. Certify the accuracy and completeness of all required fields by clicking on the Affidavit of General Compliance check box and providing your electronic signature.

Electronic Signature

Affidavit of General Compliance: I certify, under penalty of perjury and to the best of my knowledge, that the information in this annual survey is true, accurate and complete. I acknowledge that, in the event that any of the information contained in this annual survey changes, I will amend the annual survey to provide the Commission with such changed information.*

Electronic signed by:*

[Return to Recipient List](#)

ASSESSMENT PSC | **ASSESSMENT OPC** | PAYMENTS | FILINGS | STATUS HISTORY

Assessment Amount:

Proposed Amount:

% Budget:

% Revenue:

[Save](#)

7. Click the Save button to save all changes.
8. Click the Submit button to submit the survey.

eAssessments Quick Reference Guide

Competitive Local Exchange Carriers Survey

Below is a sample survey using the CLECs template.

To complete a Competitive Local Exchange Carriers Survey:

1. Click on the check box if you would like the data entered into the Assessment survey form to receive Confidential treatment.

Verify accuracy of the Exact Legal Name of the Company. If there's an error, update your Company information with the Commission by contacting the Office of the Commission Secretary at (202) 626-5150.

2020 Annual Assessment Survey of Competitive Local Exchange Carriers

Confidential: Check box to indicate that the data contained in this form should receive confidential treatment.	<input type="checkbox"/> No
Exact Legal Name of the Company:*	<input type="text" value="Softtek Services, Inc."/> <small>(Include any name used in providing service)</small>
FEIN:*	<input type="text" value="23-6511111"/>
1. Please provide the following contact information:	
Person completing this form:	First name:*
	<input type="text" value="Template"/>
	Last name:*
	<input type="text" value="Test"/>
Telephone:*	<input type="text" value="123-456-7891"/>
Email:*	<input type="text" value="Ttest@psc.dc.gov"/>

eAssessments Quick Reference Guide

Enter all required fields for the Regulatory and Customer Service Contacts.

Regulatory Contact		Customer Service Contact	
Name: [*]	<input type="text"/>	Name: [*]	<input type="text"/>
Title: [*]	<input type="text"/>	Title: [*]	<input type="text"/>
Street Address: [*]	<input type="text"/>	Street Address: [*]	<input type="text"/>
City: [*]	<input type="text"/>	City: [*]	<input type="text"/>
State: [*]	<input type="text" value="v"/>	State: [*]	<input type="text" value="v"/>
ZIP code: [*]	<input type="text"/>	ZIP code: [*]	<input type="text"/>
Telephone Number: [*]	<input type="text" value="___-___"/>	Telephone Number: [*]	<input type="text" value="___-___"/>
Email: [*]	<input type="text"/>	Email: [*]	<input type="text"/>
Web Address:	<input type="text"/>	Web Address:	<input type="text"/>

eAssessments Quick Reference Guide

2. If your company is currently licensed as a Competitive Local Exchange Carrier, enter the five-digit Order Number and date of license approval granting your company a license to provide services in the District of Columbia.
3. If you're unsure of your Order Number and/or date of license approval, refer to your original Order approving your company's application to provide services in the District of Columbia.
4. If your company supplied telecommunications services to end users in the District of Columbia, select Yes and enter your gross revenue from retail telecommunications services that were subject to the jurisdiction of the DCPSC.

2. Are you currently licensed as a Competitive Local Exchange Carrier ("CLEC") to provide service in the District of Columbia?

- Yes
 No

3. Please indicate the Order No. and date on which you were granted a CLEC license

Order No. Granting License Approval	Date of License Approval
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

Note: If company indicates that it is currently licensed in No. 2 above, company must provide "Order No. Granting License Approval" and "Date of Original Approval."

4. Anytime during the calendar year January 1, 2019 through December 31, 2019:

A. Were you providing jurisdictional, retail telecommunications services in the District of Columbia?*

- Yes
 No

B. What was your gross revenue from retail telecommunications services that were subject to the jurisdiction of the DC PSC? *

(Note: gross jurisdictional revenue does not include revenue from wireless, broadband, Voice over Internet Protocol ("VoIP"), Interexchange, Wholesale/Resale, Internet Protocol ("IP")-enabled service.)

eAssessments Quick Reference Guide

- If your company supplied telecommunications services in the District of Columbia, provide a breakdown of the Number of Customers and Lines Supplied for Residential and Non-Residential Customers, if applicable.
- Select all applicable services you are providing in the District of Columbia.

5. Please provide the following information for telecommunications services provided in the District of Columbia:
Anytime during the calendar year January 1, 2019 through December 31, 2019, please indicate:

Number of	Residential	Non-Residential	Total
Customers	<input type="text"/>	<input type="text"/>	0
Lines Supplied	<input type="text"/>	<input type="text"/>	0

6. Are you currently providing the following services in the District of Columbia:

VoIP?*	<input type="radio"/> Yes <input type="radio"/> No
IP-enabled service?*	<input type="radio"/> Yes <input type="radio"/> No
Telecommunications services over wireless facilities?*	<input type="radio"/> Yes <input type="radio"/> No
Broadband?*	<input type="radio"/> Yes <input type="radio"/> No

- Select all applicable services you are providing in the District of Columbia.

7A. Does your company provide facilities-based service, resale service, or both?:

<input type="checkbox"/> Facilities-based service <input type="checkbox"/> Resale service
--

7B. Are you currently providing telecommunications service to subscribers on a resale basis:

<input type="radio"/> Through Verizon <input type="radio"/> Through Another Provider (If through another provider, please identify the providers below)

7C. Are you currently providing telecommunications services to other CLECs in the District of Columbia?:

<input type="radio"/> Yes <input type="radio"/> No (If yes, please identify them below)

eAssessments Quick Reference Guide

8. Certify the accuracy and completeness of all required fields by clicking on the Affidavit of General Compliance check box and providing your electronic signature.

Electronic Signature

Affidavit of General Compliance: I certify, under penalty of perjury and to the best of my knowledge, that the information in this annual survey is true, accurate and complete. I acknowledge that, in the event that any of the information contained in this annual survey changes, I will amend the annual survey to provide the Commission with such changed information. *

Electronic signed by:*

[Return to Recipient List](#)

ASSESSMENT PSC | **ASSESSMENT OPC** | PAYMENTS | FILINGS | STATUS HISTORY

Assessment Amount:

Proposed Amount:

% Budget:

% Revenue:

[Save](#)

9. Click the Save button to save all changes.
10. Click the Submit button to submit the survey.