

Change Proposal – F40/01 (Page 1 of 2)		CP No: 546 (mandatory by BSCCo)												
Title (mandatory by originator) Enduring Solution to replace NETA Workaround 001														
Description of Change (mandatory by originator) This Change Proposal has been raised to implement the changes identified in NCR333 version 2; “Resolution of Workarounds W001, dated 12.02.01”. Workaround 001 was implemented to address the differences between the BSCP forms and the formats/screens developed by Logica / IMServ for processing the BSCP forms submitted by Parties and Party Agents. The enduring solution will ensure that configured items, BSCP Forms, Logica IDD & systems are aligned and that issues identified by Logica / IMServ in processing the forms have been addressed.														
Proposed Solution(s) (mandatory by originator) The specific problems encountered by Logica/IMServ will be addressed by altering the BSCPs, and in particular the BSCP Forms. Draft amendments to the following BSCPs have been attached: BSCP Title <table border="0"> <tr> <td>15</td> <td>BM Unit Registration (Attachment 1)</td> </tr> <tr> <td>20</td> <td>Registration of Metering Systems (Att. 2)</td> </tr> <tr> <td>41</td> <td>Report Requests and Authorisation (Att. 3)</td> </tr> <tr> <td>65</td> <td>Registration of Parties & Exit Procedures (Att. 4)</td> </tr> <tr> <td>71</td> <td>ECVNA's & MVNA's Registration (Att. 5)</td> </tr> <tr> <td>75</td> <td>Aggregation Rule Registration (Att. 6)</td> </tr> </table> In addition, Attachment 7 is a design for a general header for use on the forms in BSCPs 07, 15, 20, 38, 41, 65, 71 and 75. This will make it clear who the recipient and sender are for each form, and will allow the sender's various contact details to be included. Some forms contain more contact information than others, in which case, the change will be to ensure that <i>all</i> the details listed in Attachment 7 are included on the form (typically, this will involve adding a contact email address).			15	BM Unit Registration (Attachment 1)	20	Registration of Metering Systems (Att. 2)	41	Report Requests and Authorisation (Att. 3)	65	Registration of Parties & Exit Procedures (Att. 4)	71	ECVNA's & MVNA's Registration (Att. 5)	75	Aggregation Rule Registration (Att. 6)
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75	Aggregation Rule Registration (Att. 6)													
Justification for Change (mandatory by originator) To remove the need for Workaround 001 and to address issues identified during the operation of the workaround.														
Change Proposal – F40/01 (Page 2 of 2)		MP No: (mandatory by BSCCo)												
Other Configurable Items Potentially Affected by Proposed Solution(s) (optional by BSCCo) BSCPs 07, 15, 20, 38, 41, 65, 71 and 75.														
Impact on Core Industry Documents (optional by originator)														
Related Changes and/or Projects (mandatory by BSCCo)														

Originator's Details:

BCA Name...Inconsistency Review Project.....

Organisation.....ELEXON.....

Email Address.....

Date...19th June 2001.....

Organisation.....

Attachments: Y/~~N~~* (If Yes, No. of Pages attached:...26)
(delete as appropriate)

~~3.3~~Registration of Base BM Units

This process does not cover the Supplier Registration, refer to BSCP 65.

REF	WHEN	ACTION	FROM	TO	INPUT INFORMATION REQUIRED	MEDIUM
3.3.1	At least 30 WDs prior to Effective From Date	Notification of a new Supplier and Base BM Unit Ids. (The requirement for 30WDs notice may be reduced if there is agreement between the CRA/BSCCo/Party/TC and that this date coincides with a MDD publication date.)	BSCCo	CRA	Supplier Name, Supplier Id, BM Unit Ids (one for each GSP Group) and Effective From Date	Fax/Email
3.3.2	Upon notification of 3.3.1	The CRA shall register BM Unit identifiers, one for each GSP Group which shall be used for allocating SMRA consumption data for the Supplier.	CRA	Internal	Notification of new Supplier.	Internal
3.3.3	At the same time as 3.3.2	Notify Supplier of the Base BM Units registered.	CRA	Party	BSCP15/4.2, Registration of Base BM Units (Where a Base BM Unit will exceed the TC's de minimis requirements to submit Physical Notifications the Party is required to complete section 3.2 of this procedure.)	Electronic
3.3.4	At the same time as 3.3.2	Notify SVAA of the Base BM Units registered.	CRA	SVAA	BSCP15/4.2, Registration of Base BM Units, Supplier ID	Electronic

Attachment 1 – Proposed changes to BSCP15

REF	WHEN	ACTION	FROM	TO	INPUT INFORMATION REQUIRED	MEDIUM
3.3.5	At the same time as 3.3.2	Notify BSCCo of the Base BM Units registered.	CRA	BSCCo	BSCP15/4.2, Registration of Base BM Units This process continues per BSCP509 (Changes to MDD)	Manual
3.3.6	Within 1 WD of 3.3.4	Supplier to acknowledge receipt of BM Unit identifiers	Party	CRA	BSCP15/4.2, Registration of Base BM Units	Electronic

~~3.4~~Registration of Additional BM Unit

REF	WHEN	ACTION	FROM	TO	INPUT INFORMATION REQUIRED	MEDIUM
3.4.1	At least 30WD prior to Effective From Date	Submit Registration of BM Unit form ⁴	Party	CRA	BSCP15/4.1, Registration of BM Unit Registration of Additional BM Units is processed in parallel with BSCP509 Changes to Market Domain Data	Fax/Post
3.4.2	Within 1WD of receipt of 3.4.1	Acknowledge receipt of Registration of BM Unit form	CRA	Party	BSCP15/4.1, Registration of BM Unit	Fax
3.4.3	At the same time as 3.4.2	Check that the Party is registered with the CRA and that the form has been completed by an authorised person. Also check the registration data to confirm the FPN flag has been set correctly.	CRA		BSCP15/4.1, Registration of BM Unit	Internal Process
3.4.4	At the same time as 3.4.2	Inform TC and BSC Agents of the BM Unit registration.	CRA	BSCCo TC SVAA BSC Agents Party	BSCP15/4.1, Registration of BM Unit	Fax/Electronic

⁴ Party to initiate BSCP509 before the registration form is submitted to the CRA

Changes of Seasonal Estimates of Generation and Demand Capacity

<u>REF</u>	<u>WHEN</u>	<u>ACTION</u>	<u>FROM</u>	<u>TO</u>	<u>INPUT INFORMATION REQUIRED</u>	<u>MEDIUM</u>
<u>3.8.1</u>	<u>As soon as practicable</u>	<u>Submit revised seasonal estimates the maximum and minimum BM Unit Metered Volume (QMij) for all BM Units.</u>	<u>Party</u>	<u>CRA</u>	<u>BSCP15/4.4, Changes of Seasonal Estimates of the maximum and minimum BM Unit Metered Volume</u>	<u>Fax / Post / Electronic</u>
<u>3.8.2</u>	<u>Within 1WD of receipt from 3.8.1</u>	<u>Acknowledge receipt of Changes of seasonal estimates of the maximum and minimum BM Unit Metered Volume</u>	<u>CRA</u>	<u>Party</u>	<u>BSCP15/4.4, Changes of Seasonal Estimates of the maximum and minimum BM Unit Metered Volume</u>	<u>Fax / Post / Electronic</u>
<u>3.8.3</u>	<u>Within 1WD of receipt from 3.8.1</u>	<u>The CRA is to notify, for information only, BSCCo and TC of the revised seasonal estimates of the maximum and minimum BM Unit Metered Volume</u> <u>(The TC may request the Panel to review a Party's revised submission of the maximum and minimum BM Unit Metered Volume in accordance with section K of the Code)</u>	<u>CRA</u>	<u>BSCCo</u> <u>TC</u>	<u>BSCP15/4.4, Changes of Seasonal Estimates of the maximum and minimum BM Unit Metered Volume</u>	<u>Fax / Post / Electronic</u>
<u>3.8.4</u>	<u>As soon as practicable</u>	<u>CRA to update their systems with the revised estimated the maximum and minimum BM Unit Metered Volume to commence from the Effective From Date requested by the Party and agreed by BSCCo.</u>	<u>CRA</u>		<u>BSCP15/4.4, Changes of Seasonal Estimates of the maximum and minimum BM Unit Metered Volume</u>	<u>Internal</u>

4Appendices

4.1BSCP15/4.1 Registration of BM Unit (BM Units with associated CVA Metering Sytems, Additional BM Units and Interconnector BM Units)

From:		To: CRA	
Party ID*		Date Sent	
Party Role*			
Name of Authorised Signatory*			
Authorised Signature*			
Date Sent*			

BM Unit Registration Details													
BM Unit Name*	BM Unit Id	BM Unit Type ¹	NGC BM Unit Name	Zone	Ordnance Survey National Grid Reference	GSP Group Id ²	Generation Capacity	Demand Capacity	Production/consumption Flag (P/C) ³	FPN Flag (Y/N) Tick One	Interconnector Id ⁴	Effective From*	Effective To
		EIST							P C	Y N			

* Denotes mandatory field

¹ E – Embedded, I – Interconnector, S – Additional Supplier GSP Group, T – Directly Connected

² If unit type E or S

³ Only applicable for Exempt BM Units belonging to a Sole Trading Unit [and Interconnector BM Units](#)

⁴ If unit type I

MPAN MAPPING DETAILS ⁵		
MPAN	Effective From Date	Effective To Date

BM UNIT GROUP DETAILS		
Teleswitch Group ID	Effective From Date	Effective To Date

BM Unit and Associated CVA Metering Systems	
BM Unit	Associated CVA Metering Systems

To CRA:
Acknowledgement By Party

Name: _____ Signed _____ Date: _____
Central Registration Authority

⁵ Only applicable to Embedded Sites

~~4.2~~**BSCP15/4.2 Registration of Base BM Units**

To: Party

Party Name

Party Address

~~Registration BM Unit Data Requirements~~

BM Unit Category: ~~Supplier GSP Group~~

Name:

BM Unit Id:

TC BM Unit Id:

GSP Group Id (where appropriate)*

Trading Unit Details (where appropriate)*

Generation Capacity (MW):

Demand Capacity (MW):

Production/Consumption Flag: ~~P/C*~~

FPN Flag: ~~Y/N*~~

Effective From Date:

Name:

Signed

Date:

CRA

To CRA:

Acknowledgement By Party

**Name of
Authorised
Signatory:**

**Authorised
Signature**

Date:

Central Registration Authority

* ~~Delete as appropriate~~

BSCP15/4.23 De-Registration of BM Unit

To: CRA

Party Name

Party Address

De-Registration BM Unit Data Requirements

Name:

BM Unit Id:

TC BM Unit Id:

Effective To Date:

Base BM Units cannot be De-Registered utilising this form.

**Name of
Authorised
Signatory:**

**Authorised
Signature**

Date:

Party

**To Party:
Acknowledgement By CRA**

Name:

Signed

Date:

Central Registration Authority

BSCP15/4.4 Changes of Seasonal Estimates of the Maximum and Minimum BM Unit Metered Volume

To: CRA

Party Name

BSC Season:

<u>Spring</u>	<u>1st March – 31st May</u>	
<u>Summer</u>	<u>1st June – 31st August</u>	
<u>Autumn</u>	<u>1st September – 30th November</u>	
<u>Winter</u>	<u>1st December – 28th February⁷</u>	

<u>BM Unit Id</u>	<u>Registered Maximum negative QMij MWh</u>	<u>Registered Maximum positive QMij MWh</u>	<u>Revised Maximum negative QMij MWh</u>	<u>Revised Maximum positive QMij MWh</u>	<u>Registered Demand Capacity MW[#]</u>	<u>Registered Generation Capacity MW[#]</u>	<u>Revised Demand Capacity MW[#]</u>	<u>Revised Generation Capacity MW[#]</u>	

⁷ BSC Winter shall be 1st December to 28th or 29th, as the case may be, February inclusive.

[#] Optional

<u>Name of Authorised Signatory:</u>	<u>Authorised Signature</u>	<u>Date:</u>
<u>Party</u>		

To Party:
Acknowledgement By CRA

<u>Name:</u>	<u>Signed</u>	<u>Date:</u>

Central Registration Authority

Attachment 2 – Proposed Changes to BSCP20
BSCP20/4.2a

REGISTRATION OF METERING SYSTEM AT ~~POINT OF~~
~~CONNECTION OF A~~ DISTRIBUTION SYSTEMS CONNECTION POINT

Part A – To be completed by Registrant

To: Central Registration Agent

Details of Registrant

Name of Registrant:

Address:

.....

.....

Contact:

notifies you that with Effective From Date/...../.....

(N.B. at least 20 working days from the date of this notice)

1. it will become Registrant of the Metering System detailed below which is situated at the point of connection of its Distribution System with the Distribution System(s)* belonging to the party/parties* detailed below and undertakes to perform all relevant duties and obligations until it ceases to be Registrant,

AND

2. the party detailed below is appointed as Meter Operator Agent of the Metering System detailed below.

Details of Metering System

Systems Connection

Point/Circuit Name:

GSP reference (if applicable)

MSID:

Site Name:

Site Address:

Details of Meter Operator Agent

Meter Operator Agent Id:

Meter Operator Agent Name:

Signed for Registrant

Name:

Signature:

Position: Date:

Attachment 2 – Proposed Changes to BSCP20

BSCP20/4.2b

REGISTRATION OF METERING SYSTEM AT ~~POINT OF~~

~~Connection of a~~ Distribution System Connection Points

Owners of Connected Distribution Systems

We, the undersigned, confirm our agreement to the appointment of the Registrant detailed above

1. *PDSO Name:*

PDSO ID:

Address:

Contact: *Position:*

Signature: *Date:*

2. *PDSO Name:*

PDSO ID:

Address:

Contact: *Position:*

Signature: *Date:*

Part B - To be completed by CRA

To: Registrant

Allocated MSID:

(first
registration
only)

Name: Sign: Date:

Attachment 2 – Proposed Changes to BSCP20
BSCP20/4.3a

REGISTRATION OF METER TECHNICAL DETAILS

Metering System Details (Separate forms should be used for each Metering System)

Metering System Id (MSID)	
MSID Effective Date	
PDSO ID	
Metering System Latitude	
Metering System Longitude	
Metering Equipment/Service Location	
Maximum Demand (MWh)	
Minimum Demand (MWh)	
Dispensation Reference	
Dispensation Effective From Date	
Dispensation Effective To Date	
Reason for Dispensation	
Metering System Contact Name	
Metering System Contact Tel Number	
Metering System Contact Fax Number	
Metering System Address Line 1	
Metering System Address Line 2	
Metering System Address Line 3	
Metering System Address Line 4	
Metering System Address Line 5	
Metering System Address Line 6	
Metering System Address Line 7	
Metering System Address Line 8	
Metering System Address Line 9	
Metering System Post Code	
Energisation Status (ES)	
ES Effective From Date	
ES Effective To Date	

Outstation Details

	Main 1 / Main	Main 2 / Check
MSID		
Outstation Id		
Outstation Type		
Outstation Serial Number		
Outstation Number of Channels		
Outstation Number of Dials		
Outstation PIN		
Outstation Password A		
Outstation Password B		
Outstation Password C		
Communications Address		
Baud Rate		
Previous MSID		
Previous Outstation Id		

BSCP20/4.3b

REGISTRATION OF METER TECHNICAL DETAILS

Meter Register Details

[illegible]

⁸ Only Active Import and Active Export Metering Sub-System ID should be identified

BSCP41/1: Changes to Individual Reporting Requirements

To be used for all changes to reporting with the exception of new Cross Client Reporting

<u>Party / Party Agent Details*</u> Contact Name: Party / Party Agent <u>ID</u> *: Party / Party Agent Role : Address: Postcode: Telephone: Fax:	Completed forms should be sent to: CRA
--	--

Report ID	Report Name/Party	Send/ Stop	Report ID	Report Name/Party	Send/ Stop

Use a continuation sheet if required

Authorisation Signature: _____ Date: / /

For CRA Use Only:

BSC Agent Receipt Confirmation	(Tick)	Date: / /
Reporting Updated	(Tick)	Date: / /

BSCP41/2: Cross Client Report Requests**To: BSCCo****PART A: To be completed by Requesting Party**

<u>Requesting Party Details</u> Contact Name: Party / Party Agent <u>ID</u> * : <u>Party / Party Agent Role</u> : Fax:	Authorised Signatory: Date: / /
---	--

Report ID / Name	<u>Originating Relevant Party ID</u>	<u>Report ID / Name</u>	<u>New Party ID</u>	<u>New Role</u>

PART B: to be completed by Relevant Party

<u>Relevant Party Details</u> Contact Name: Party / Party Agent*: Fax:	I give / do not give* permission for the above reports to be provided Authorised Signatory: Date: / /
--	---

For BSCCo / BSC Agent Use Only

BSCCo Receipt Confirmation	(Tick)	Date: / /
BSC Agent Reporting Updated	(Tick)	Date: / /

*Delete as appropriate

4 Appendices**~~4.1~~ BSCP65/4.1 Party Registration Application / Change of Registration Details Form ***

* Delete as appropriate

From:		To:	
Party ID *		Date Sent	
Party Role *			
Name of Authorised Signatory			
Authorised Signature *			
Password			

ACTION DESCRIPTION (<i>TICK ONE BOX ONLY</i>) *					
Register		Amend Registration			

BSC PARTY DETAILS*	
BSC Party Name	
BSC Party Id	

Tick one Party Role only. Please complete separate form for each role that applies.

PARTY ROLE DETAILS*		Effective From Date DD/MM/YY	EFFECTIVE TO DATE
Trading Party			
Distributor System Operator			
Interconnector Administrator			
Interconnector Error Administrator			
Interconnector User			
Transmission Company			
BSC Party			

Stage 2 Id (<i>Required If Role of Supplier selected</i>)	
--	--

Address Details	
Address Line 1	
2	
3	
4	
5	
6	
7	
8	
9	
Postcode	
Contact Name	

* Mandatory Fields

Office Telephone Number	
Office Fax Number	
Email Address	

Interconnector Error Administrator Details (Only Required if Role of Interconnector Error Administrator is requested)	
Interconnector Id	
Effective From Date	
Effective To Date	

To: CRA

The registration details submitted by the Party Applicant on this form are consistent with the details submitted to BSCCo on the Accession Agreement.

Confirmation provided by:

Name

.....

Signature

.....

Date

.....

4.2 BSCP71/02 MVRNA Authorisation Request Form

**MVRNA
Authorisation Request**

ECVAA Log No

____ / ____ / ____

MVRNA to be Authorised:

Company Name : _____ Date Raised : ____ / ____ / ____

MVRNA ID : _____ Contact Name : _____

Telephone : _____ Fax : _____

Lead Party Details (Registrant of BM Unit):

Company Name: _____ Party ID : _____

Energy Account Production/Consumption Flag: _____ Fax: _____

Authorised By: _____ Signature: _____

Subsidiary Party Details:

Company Name : _____ Party ID: _____

Energy Account Production/Consumption Flag: _____ Fax: _____

Authorised By: _____ Signature: _____

Implementation Details:

BM Unit ID: _____

Effective From Date: ____ / ____ / ____ Effective to Date (Optional): ____ / ____ / ____

To be completed by ECVAA

To: _____ MVRNA _____ Reply Date: ____ / ____ / ____
_____ Lead Party
_____ Subsidiary Party Authorisation ID: _____

Authorisation Key **(to MVRNA ONLY)**: _____

Your above request for Authorisation has been ACCEPTED / REJECTED*

Details of reasons for Rejection / any superseded Authorisations* are as follows:

—(Delete as appropriate)

~~4.4 BSCP71/04 ECVNA Authorisation Termination Notice~~

ECVNA
Authorisation Termination Notice

ECVAA Log No.

~~(To be completed by ECVAA)~~

_____ Date Raised: ____/____/____

~~To:~~

Company Name : _____ ECVNA ID : _____

Contact Name : _____ Fax: _____

Company Name : _____ Party 1 ID : _____

Contact Name : _____ Fax: _____

Company Name : _____ Party 2 ID : _____

Contact Name : _____ Fax: _____

Please note that the ECVNA Authorisation (Authorisation ID: _____) relating to the above parties will Terminate with a Termination Effective Date of

____/____/____

Termination is as a result of:

~~Party 1 ceasing to be a Contract Trading Party*~~

~~Party 2 ceasing to be a Contract Trading Party*~~

~~The expiry of the Authorisation in accordance with the specified "To" date.*~~

~~* Delete as appropriate~~

MVRNA
Authorisation Termination Notice

ECVAA Log No

~~(To be completed by ECVAA)~~

Date Raised: ____/____/____

~~To:-~~

Company Name : _____ MVRNA ID : _____

Contact Name : _____ Fax: _____

Company Name : _____ (Lead) Party ID : _____

Contact Name : _____ Fax: _____

Company Name : _____ (Subsidiary) Party ID : _____

Contact Name : _____ Fax: _____

Please note that the MVRNA Authorisation relating to the above parties
(BM Unit ID: _____) will Terminate with a Termination Effective Date of

____/____/____

Termination is as a result of:

The BM Unit being deregistered*

The Production BM Unit becoming a Consumption BM Unit*

The Consumption BM Unit becoming a Production BM Unit*

The Lead Party ceasing to be registered as Lead Party for the BM Unit*

The Subsidiary Party ceasing to be a Contract Trading Party*

The expiry of the Authorisation in accordance with the specified "To" date.*

* ~~Delete as appropriate~~

4.7BSCP71/075 Registration Form for ECVNA or MVRNA

ECVNA or MVRNA Registration Form

BSC Co. Log No.

(Form completed by company applying to be registered as an ECVNA or MVRNA with the CRA)

To: BSCCo

Contact Name ~~in BSCCo~~: _____

Date: ____/____/____

Company Name: _____

Address:

Postcode: _____ Telephone: _____ Fax _____

Capacity in which company wishes to be registered with the CRA

	<u>Party Agent Capacity</u> <i>Tick appropriate box / boxes</i>	<u>Party Agent ID⁹</u>	<u>Effective From</u>	<u>Effective To</u>
<u>ECVNA</u>				
<u>MVRNA</u>				

ECVNA _____ []*

MVRNA _____ []*

**tick as appropriate*

SIGNED: _____

NAME: _____

POSITION: _____

DATE: _____

⁹ A Party Agent registering as an ECVNA and MVRNA can elect to allocate the same Party Agent ID to both Party Agent capacities

~~4.2~~**BSCP75/4.2 Registration of Meter Aggregation Rules For Volume Allocation Units**

From:		To: CDCA	
Party ID*		Date Sent	
Party Role*			
Name of Authorised Signatory*			
Authorised Signature*			
Password			

Section 1
Please Tick Aggregation Unit Type*

BM Unit (B)		External Interconnector (I)		Internal Interconnector (D)		Grid Supply Point (P)		Grid Supply Point Group Take (G)	
----------------	--	-----------------------------------	--	-----------------------------------	--	--------------------------	--	--	--

Grid Supply Point Aggregation Unit Type ID*	
Grid Supply Point Aggregation Unit Type Name	
Effective From Date*	
Effective To Date	

Section 2*

EXPRESSION REFERENCE (ER)	MSQ OR ER	METER SUB-SYSTEM REFERENCE (FORMAT: MSID. MSSID.TYPE)	+, -, /, X	MSQ, ER, LLF	REFERENCE
Example 1	ER	2	+	ER	3
Example 2	MSQ	0640.SUB1.AE	-	MSQ	0640.SUB1.AI
Example 3	MSQ	0640.SUB2.AE	-	MSQ	0640.SUB2.AI
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Proposed standard heading to be added to forms, denoting recipient and sender's details:

To: CRA / CDCA / SAA etc

Party ID:	
Party Role:	
Name of Sender:	
Contact Email Address	
Contact Tel no.:	
Date Sent:	
Your ref:	

Details required on individual BSCP forms.....