

# INSTRUCTIONS FOR APPLICATION FOR OR AMENDMENT TO, A RETAIL ELECTRIC PROVIDER (REP) CERTIFICATION

Pursuant to 16 TAC §25.107(c)(2)

A REP certification application (new or amendment) consists of a title page, an affidavit, and responses to the parts of the form specified in the applicable Application Chart on the following page. The docket number on the Title Page is assigned by Central Records at the time of submission.

The submission of an application must comply with the Commission's Procedural Rules, including:

- Seven hard copies must be filed pursuant to §22.71(c)(4).
- An electronic copy must be filed if required by §22.72(h).
- Confidential material must be filed pursuant to §22.71(d).

All responses to the questions must be provided in a complete and truthful manner. Under §25.107(c)(4), while an application is pending, an applicant must inform the Commission of any material change to the information provided in the application within ten working days of any such change.

A REP may request multiple changes within each amendment application. If a response to a part of the form is not indicated on the Application Chart for the type of change sought, do not include it in the amendment application. Attachments must be clearly labeled and identified. Add spaces and lines to the form to the extent necessary to improve readability. If you believe that a question is not applicable even though it is listed as applicable below, you must explain why it is not applicable.

During the review of a REP application, the Commission may require the applicant to provide supplemental information to support its application. All supplemental submissions must include the docket number assigned by Central Records when the application was filed.

## APPLICATIONS CHART

Option 1 REP Applications	Required Responses
Application for New Option 1 REP Certification	TP, AFF, Parts A, B, C, & D
Name Change (Additions or Deletions of Primary Name or assumed names)	TP, AFF, Part A
Change in Ownership/Control, Corporate Restructuring, or Transfer of Certificate	TP, AFF, Parts A, B, C, & D
Change in Service Area	TP, AFF, Parts A & B
Change in Technical/Managerial Qualifications	TP, AFF, Parts A & D
Change in Financial Qualifications	TP, AFF, Parts A & C
Relinquishment of Certification	TP, AFF, Parts A & E

<b>Option 2 REP Applications</b>	<b>Required Responses</b>
Application for New Option 2 REP Certification	TP, AFF, Parts A, B, & C-3
Name Change (Additions or Deletions of Primary Name of DBAs)	TP, AFF, Part A
Change in Ownership/Control, Corporate Restructuring, or Transfer of Certificate	TP, AFF Parts A, B, & C-3
Customer Change (Additions or Deletions)	TP, AFF, Parts A & B
Relinquishment of Certification	TP, AFF, Parts A & E

<b>Option 3 REP Applications</b>	<b>Required Responses</b>
Application for New Option 3 REP Certification	TP, AFF, Parts A, & B
Name Change (Additions or Deletions of Primary Name of DBAs)	TP, AFF, Part A
Change in Ownership/Control, Corporate Restructuring, or Transfer of Certificate	TP, AFF Parts A & B
Customer Change (Additions or Deletions)	TP, AFF, Parts A & B
Relinquishment of Certification	TP, AFF, Parts A & E

**CHART KEY**

TP – Title Page

AFF – Affidavit – All applications and amendments must include the initial affidavit and the affidavits for compliance with §25.107(g)(2)(F)-(G).

Non-substantive changes require notification using the REP Annual Report electronic format posted on the Commission website.

**Do not file these instructions with the application.**

(Revised 08/12/2020)



**Public Utility Commission of Texas**

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**Application for, or Amendment to, a  
Retail Electric Provider (REP) Certificate**  
(Pursuant to 16 TAC §25.107)

**DOCKET NUMBER:**

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**Applicant**

**Applicant Name:**

**Second Applicant Name (if required):**

**Type of Certification**

**(a) Check only one of the following.**

- New REP Option 1 Certification
- New REP Option 2 Certification
- New REP Option 3 Certification
  
- REP Amendment [REP Certification No.]:

**(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing: (Provide a written explanation of the Amendment in "c" below).**

- Name Change amendment
- Change in Ownership/Control
- Change in Service Area
- Change in Type of Provider
- Relinquishment of Certification
- Corporate Restructuring
- Change in Technical/Managerial Qualifications
- Change in Financial Qualifications
- Other (Explain in "c" below)

**(c) Provide an explanation of the Amendment (attach additional pages if necessary):**

## PART A – COMPANY ADMINISTRATIVE INFORMATION

### A-1. Application Contact Information

Contact Name:		Title:	
Street or Mailing address:			
Mailing address (Suite, Floor or Room):			
City:		State:	ZIP:
Phone No.:	Fax No.:		Toll Free No.:
Email:		Web Address:	

### A-2. Authorized Representative Contact Information

Contact Name:		Title:	
Street or Mailing address:			
Mailing address (Suite, Floor or Room):			
City:		State:	ZIP:
Phone No.:	Fax No.:		Toll Free No.:
Email:		Web Address:	

### A-3. Regulatory Representative Contact Information

Contact Name:		Title:	
Street or Mailing address:			
Mailing address (Suite, Floor or Room):			
City:		State:	ZIP:
Phone:	Fax No.:		Toll Free No.:
Email:		Web Address:	

### A-4. Complaint Representative Contact Information

Contact Name:		Title:	
Street or Mailing address:			
Mailing address (Suite, Floor or Room):			
City:		State:	ZIP:
Phone No.:	Fax No.:		Toll Free No.:
Email:		Web Address:	

### A-5. Emergency Contact Information – The Applicant must provide the following information

concerning its emergency contact personnel as required in §25.53(e). You may provide up to three emergency contacts per company. The Commission prefers that you provide at least two emergency contacts.

<b>Primary Contact:</b>		<b>Title:</b>	
<b>Office No:</b>	<b>Fax No:</b>	<b>Toll Free No:</b>	
<b>Cell No:</b>	<b>Home No:</b>		
<b>Email:</b>	<b>Web Address:</b>		
<b>Secondary Contact:</b>		<b>Title:</b>	
<b>Office No:</b>	<b>Fax No:</b>	<b>Toll Free No:</b>	
<b>Cell No:</b>	<b>Home No:</b>		
<b>Email:</b>	<b>Web Address:</b>		
<b>Tertiary Contact:</b>		<b>Title:</b>	
<b>Office No:</b>	<b>Fax No:</b>	<b>Toll Free No:</b>	
<b>Cell No:</b>	<b>Home No:</b>		
<b>Email:</b>	<b>Web Address:</b>		

**A-6. Principal Company Information**

**(a). Physical Address**

<b>Company Name:</b>		
<b>Primary Contact:</b>		<b>Title:</b>
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>	<b>Web Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>

**(b). Mailing Address (if different from Physical Address)**

<b>Company Name:</b>		
<b>Contact:</b>		<b>Title:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>	<b>Web Address:</b>	

**(c). Texas Office Address (Cannot be a P. O. Box)**

<b>Company Name:</b>		
<b>Contact:</b>	<b>Title:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>	<b>Web Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>

**A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone numbers and office emails)**

<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>

**A-8. Certificated Name(s)**

**(a). Primary Name on Certificate**

<b>Primary Certificate Name:</b>
<b>Texas Secretary of State (or County) File Number:</b>
<b>Date and State where Business was established:</b>
<b>Texas Comptroller’s Tax ID. Number:</b>
<b>Other Applicable Certification/File Numbers:</b>

**(b). EXISTING Approved Assumed Names (if applicable) (Maximum of 5 Assumed Names)**

<b>PUC Approved Assumed Name:</b>

**(c). REQUESTED Assumed Names (if applicable) (Maximum of 5 Assumed Names)**

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>

**(d). DELETION of EXISTING Assumed Names (if applicable)**

**Assumed Name to be DELETED:**

**PART B – SERVICE AREA**

**APPLICANT MUST SELECT ONE SERVICE AREA OPTION BELOW (1, 2, OR 3).**

**B-1 Option 1 REP – Service Area by Geography (Applicant must select one geographic option below)**

- Entire State of Texas
- Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
- Geographic Area of one or more Independent Organizations within Texas (e.g. ERCOT) (Identify each organization):
- Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.)

**B-2 Option 2 REP – Service Area by Customer**

- Provide as Attachment B-2 the affidavit from each customer required by §25.107(d)(2)(A). (Identify the customers):

**B-3 Option 3 REP – Service Area by Customer**

- Provide as Attachment B-3A the affidavit which states that the Applicant is in compliance with §§25.107(d)(3), 25.109, 25.211, and 25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National Electric Safety Code and local building codes). (Identify the entities involved):
- Provide as Attachment B-3B evidence that the Applicant is in compliance with §25.107(g)(2)(A).

## **PART C – FINANCIAL REQUIREMENTS**

### **C-1. Access to Capital – An Applicant must choose one of the three methods below to demonstrate that the Applicant meets the capital requirements stated in §25.107(f)(1)**

- Investment Grade Credit Rating.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(i), provide as Attachment C-1 the documentation required by §25.107(f)(4)(A) demonstrating an Investment Grade Credit Rating. If the Applicant relies on a guarantor to satisfy this requirement, provide the documentation required by §25.107(f)(1)(A)(i) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).
- Tangible Net Worth.** If the Applicant elects to meet the requirements of §25.107(f)(1)(A)(ii), provide as Attachment C-1 the documentation required by §25.107(f)(4)(B) demonstrating Tangible Net Worth greater than or equal to \$100,000,000, a minimum current ratio of 1.0, and a debt to total capitalization ratio not greater than 0.60. If the Applicant relies on a guarantor to satisfy these requirements, provide the documentation required by §25.107(f)(1)(A)(ii) for the guarantor and provide agreements or commitments demonstrating compliance with §25.107(f)(4)(G).
- Shareholders' Equity and Letter of Credit.** If the Applicant elects to meet the requirements of §25.107(f)(1)(B), provide as Attachment C-1 the documentation required by §25.107(f)(4)(C) and §25.107(f)(4)(F) demonstrating Shareholders' Equity of not less than \$1,000,000 and an irrevocable stand-by Letter of Credit payable to the Commission of \$500,000. If the Applicant believes that it is exempt from the Shareholders' Equity requirement under §25.107(f)(1)(B)(iii), include in Attachment C-1 the documentation required by §25.107(f)(4)(F) and provide documentation demonstrating that the Applicant began serving load on or before January 1, 2009. If the Applicant believes that it is exempt from the shareholders' equity requirement under §25.107(f)(1)(B)(ii), include in Attachment C-1 documentation to demonstrate that the Applicant has been certificated and serving load for longer than two years' time.

### **C-2. Protection of Customer Deposits. An Applicant that wishes to have the option of collecting customer deposits or residential advance payments must indicate its intention to do so and must comply with the requirements of §25.107(f)(2).**

- Yes  No. Is the Applicant applying for the option of collecting deposits or advance payments from customers? If Yes, provide as Attachment C-2 the documentation required by §25.107(f)(4)(D), (E), or (F) to demonstrate compliance with §25.107(f)(2).

### **C-3. Financial standards required for billing and collection of transition charges.**

- Yes  No. Will the Applicant comply with §25.107(f)(5), relating to financial standards required of REPs for the billing and collection of transition charges?

### **C-4. Financial History – (Insolvency, Bankruptcy, Dissolution, Merger or Acquisition).**

- Yes  No. Does the Applicant or a Predecessor in Interest of the Applicant have any history of insolvency, bankruptcy, dissolution, merger, or acquisition during the 60 months immediately preceding the application? If Yes, provide as Attachment C-4 an explanation of each incident.

### **C-5. Financial Reporting Year.**

Month and day of the fiscal reporting year of the applicant and its guarantor, if applicable. Date:

## PART D – TECHNICAL AND MANAGERIAL REQUIREMENTS

**AN APPLICANT MUST ANSWER EACH QUESTION FOR ITS ENTIRE COMPANY, INCLUDING ALL ASSUMED NAMES UNDER WHICH IT OPERATES.**

### D-1. Customer Service.

Yes       No. Is the REP currently providing service to customers?

### D-2. Independent Organization Requirements:

(a). Provide as Attachment D-2A the following information for each of your Qualified Scheduling Entities (QSEs): (1) Type of Service Provided; (2) Term of Service Agreement; (3) Date Service Agreement Began; (4) Company Name; (5) Contact Person; (6) Contact Person Title; (7) Company Address (street address, city, state & zip code); (8) Company Phone Number, (9) Facsimile Number; and (10) Email Address.

(b). Are you current with your ERCOT testing obligation?

Yes       No. If No, provide an explanation as Attachment D-2B. Date of last (or next scheduled) ERCOT Flight Test:

(c). Have you defaulted on the Load Serving Entity (LSE) Agreement?

Yes       No. If Yes, provide an explanation as Attachment D-2C.

(d). Are you providing Outage Notification as required by §25.107(g)(1)(G)?

Yes       No. If No, provide an explanation as Attachment D-2D.

D-3. Provide as Attachment D-3 the following information for each third party entity or consultant that you rely upon to meet the Technical Qualifications for REP Certification: (1) Type of Service Provided; (2) Term of Service Agreement; (3) Date Service Agreement Began; (4) Number of Years of Experience; (5) Type of Experience; (6) Company Name; (7) Contact Person; (8) Contact Person Title; (9) Company Address (street address, city, state & zip code); (10) Company Phone Number, (11) Facsimile Number; and (12) Email Address.

D-4. Competitive Electric or Gas Industry Experience. Provide as Attachment D-4 the following information for each of the Principals and Permanent Employees whom the Applicant relies upon to demonstrate compliance with §25.107(g)(1)(D) to meet the combined competitive work experience requirement of at least 15 years. Please note Attachment D-4 is mandatory. Resumes may be submitted *in addition to* but *not in lieu of* Attachment D-4.

(a). Name, Title, Phone Number, Email Address, Type of Experience, Number of Years of Experience, and the Number of Years of Employment with the Applicant of each Principal and Permanent Employee that the Applicant relies upon to meet this requirement.

(b). For Principal(s) or Permanent Employee(s) with previous employment history in the competitive Electric or Gas Industries provide the Name, Previous Employer, Title, Employment Period and a contact name and number that will verify the previous employment information. Commission Staff may follow up its initial review of the work experience information with a request for additional information or a telephone interview for work experience verification.

(c). If any person that you rely upon to meet the 15-year experience requirement was a Principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR), identify the person(s), their title at that time, the name of the REP(s) that experienced the mass transition and the date upon which the transition occurred.

**D-5. Risk Management Experience.** Provide as Attachment D-5 the following information to demonstrate compliance with §25.107(g)(1)(E) to meet the 5 or more years of experience in energy commodity risk management requirement.

(a). The Name, Title, Phone Number and Email Address of the Principal or Permanent Employee that the Applicant relies upon to meet the energy commodity risk management requirement, or the Name, Title, Phone Number and Email Address of the Contact Person for the risk management services company that will provide energy commodity risk management services pursuant to the terms of a two-year contract with the Applicant.

(b). Any information or documentation necessary to substantiate a claim that the Principal(s), Permanent Employee(s), or Risk Management Services Company have the required minimum of 5 years of energy commodity risk management experience, including but not limited to a resume that provides employment history in the energy commodity risk management field; which at a minimum includes job titles or classifications, descriptions of the types of risk management experience, and the contact information of former and current employers; the dollar amounts of client portfolios managed, the specific nature of the risk management objectives, and the contact information for each client, account statements or other similar documents, and credentials that evidence the completion of formal education in commodity risk management. Commission Staff may follow up its initial review of the work experience information with a request for additional information or a telephone interview for work experience verification.

**D-6.** Provide as Attachment D-6 a brief explanation of how you plan to provide adequate staffing to meet all service level commitments.

**D-7. Complaint History, Disciplinary Record and Compliance Record.** Provide as Attachment D-7 the information required by §25.107(g)(2)(B). If you have “Nothing to Report”, please indicate below.

Nothing to Report.

**D-8. Investigations, Penalties and Violations of Deceptive Trade or Consumer Protection Laws and Regulations.** Provide as Attachment D-8 the information required by §25.107(g)(2)(D). If you have “Nothing to Report”, please indicate below.

Nothing to Report.

**D-9. Convictions and Liabilities for Fraud, Theft, Larceny, Deceit and Violations of Securities Laws, Customer Protection Laws and Deceptive Trade Laws. Provide as Attachment D-9 the information required by §25.107(g)(2)(E). If you have “Nothing to Report”, please indicate below.**

Nothing to Report.

**D-10. Provide the Name and PUC Certification Number for each of the Applicant’s affiliates that are certificated to provide electric service in Texas. To report more than five affiliates provide additional affiliates as Attachment D-10.**

Affiliate Name:	PUC Certification No.

**D-11. Provide as Attachment D-11 any other evidence in support of your plans to meet the requirements of §25.107(g) that you would like considered. Applicant must address how it will meet the requirements of §§25.107(g)(1)(C) (renewable energy), (G) (point of contact), and (H) (customer service plan).**

**PART E – RELINQUISHMENT OF CERTIFICATION**

**E-1. Provision of Notice - 45 days prior to REP Relinquishment of Certification.**

**(a). Date that the REP satisfied or will satisfy the notice requirements of §25.107(i)(6).**

Date:

**(b). Date that the REP intends to cease operations.**

Date:

**E-2. Customer Notice of REP Relinquishment of Certification. Did the REP notify all its customers that it intends to cease operations?**

Yes       No. If Yes, provide a representative copy of the Customer Notice as Attachment E-2. If No, provide an explanation as Attachment E-2.

**E-3. Other Notices of REP Relinquishment of Certification. Did the REP notify the relevant ISO (e.g. ERCOT), the PUC’s Customer Protection Division and Legal Division, the Texas Comptroller’s Office, the Texas Secretary of State, the Low Income Discount Administrator (LIDA), TDUs, electric cooperatives, municipally owned utilities, generation suppliers, and providers of last resort that the REP intends to cease operations?**

Yes       No. If No, provide an explanation as Attachment E-3.

**E-4. Customer Deposits and Credits. Provide as Attachment E-4 proof that the REP has refunded any monies owed to customers.**

**E-5. Provide in the initial affidavit, documentation that either the acquiring REP or the ultimate parent of the REP, whichever is applicable, will be responsible for any outstanding compliance requirements, including payment of any administrative penalties.**

## ATTACHMENT D-2A

### Qualified Scheduling Entity (QSE)

<b>Term of Service Agreement:</b>			
<b>Date Service Agreement Began:</b>			
<b>Company Name:</b>			
<b>Contact:</b>		<b>Title:</b>	
<b>Physical Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Email:</b>		<b>Web Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>	
<b>Term of Service Agreement:</b>			
<b>Date Service Agreement Began:</b>			
<b>Company Name:</b>			
<b>Contact:</b>		<b>Title:</b>	
<b>Physical Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Email:</b>		<b>Web Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>	
<b>Term of Service Agreement:</b>			
<b>Date Service Agreement Began:</b>			
<b>Company Name:</b>			
<b>Contact:</b>		<b>Title:</b>	
<b>Physical Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Email:</b>		<b>Web Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>	

## ATTACHMENT D-3

### Third Party Entities or Consultants relied upon to meet Technical Qualifications

<b>Type of Service Provided</b> (Billing, Customer Service, etc.):		
<b>Term of Service Agreement:</b>		<b>Date Service Agreement Began:</b>
<b>Type of Experience:</b>		<b>Years of Experience:</b>
<b>Company Name:</b>		
<b>Contact:</b>		<b>Title:</b>
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>		<b>Web Address:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>
<b>Type of Service Provided</b> (Billing, Customer Service, etc.):		
<b>Term of Service Agreement:</b>		<b>Date Service Agreement Began:</b>
<b>Type of Experience:</b>		<b>Years of Experience:</b>
<b>Company Name:</b>		
<b>Contact:</b>		<b>Title:</b>
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>		<b>Web Address:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>
<b>Type of Service Provided</b> (Billing, Customer Service, etc.):		
<b>Term of Service Agreement:</b>		<b>Date Service Agreement Began:</b>
<b>Type of Experience:</b>		<b>Years of Experience:</b>
<b>Company Name:</b>		
<b>Contact:</b>		<b>Title:</b>
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>		<b>Web Address:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Toll Free:</b>

## ATTACHMENT D-4

### Competitive Electric or Gas Industry Experience relied upon to meet Technical Qualifications

<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	
<b>Employment Period:</b>	
<b>Verifying Contact and Title:</b>	
<b>Phone:</b>	<b>Email:</b>

## ATTACHMENT D-5

### Risk Management Experience relied upon to meet Technical Qualifications

<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Company Name:</b>	
<b>Type of Experience:</b>	
<b>Years of Experience or Time Period Worked:</b>	
<b>Phone:</b>	<b>Email:</b>

# AFFIDAVIT

State of:

§

§

County of:

§

My name is \_\_\_\_\_ . I am the \_\_\_\_\_ of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate, that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Retail Electric Provider Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_.

**AFFIDAVIT OF COMPLIANCE WITH §25.107(g)(2)(F)**

State of: §

§

County of: §

My name is . I am the of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, and that I have the authority to make this application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this application are true and correct.

I swear that the applicant will register with or be certified by ERCOT or other applicable independent organization and will comply with the technical and managerial requirements of this subsection; or that entities with whom the applicant has a contractual relationship are registered with or certified by the independent organization and will comply with all system rules established by the independent organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_.

**AFFIDAVIT OF COMPLIANCE WITH §25.107(g)(2)(G)**

State of: §

§

County of: §

My name is . I am the of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, and that I have the authority to make this application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this application are true and correct.

I swear or affirm that the Applicant has provided all information as an attachment to this application regarding any current principal or permanent employee that was a principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR). Included in such information will be a disclosure of any settlements regarding outstanding debts defaulted upon by such principal's REP, including the return of any owed customer deposits and any additional relevant information related to that default.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.  
My commission expires on: \_\_\_\_\_.

**OPTION II REP CUSTOMER AFFIDAVIT**

State of: §

§

County of: §

My name is I am the of the Applicant’s customer

I swear or affirm that I have personal knowledge of the facts in this affidavit, that I am competent to attest to these facts, and that I have the authority to make this statement on behalf of the customer of the applicant REP.

I swear or affirm that has contracted with the Applicant for the provision of one megawatt or more of capacity of retail electric service. Our company is satisfied that the Applicant REP meets the standards prescribed by PURA Sec. §§39.352(b)(1)-(3) and (c).

Signature

Typed or Printed Name

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public in and For the State of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_.

**OPTION III REP AFFIDAVIT**

State of: §

§

County of: §

My name is . I am the of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this Application for, or amendment to, a Retail Electric Provider (REP) certificate, that I am competent to testify to those facts, and that I have the authority to make this application on behalf of the Applicant. I further swear or affirm that all the statements and representations made in this application are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider including §25.107(d)(3).

I affirm that the distributed generation facility from which our company buys electricity is owned by a power generating company (PGC) that has registered in accordance with §25.109 (relating to Registration of Power Generation Companies and Self Generators), and that our electric service will: (A) Conform to the requirements of §25.211 (relating to Interconnection of On-Site Distributed Generation (DG)) and §25.212 (relating to Technical Requirements for Interconnection and Parallel Operation of On-Site Distributed Generation); (B) Will be installed by a licensed electrician, consistent with the requirements of the Texas Department of Licensing and Regulation; and (C) Will be installed in accordance with the National Electric Code as adopted by the Texas Department of Licensing and Regulation; and in compliance with all applicable local and regional building codes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and For the State of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_.

## APPENDIX

### NOTICE CONTACT INFORMATION

Send email announcing relinquishment of REP certification with a copy of the Relinquishment Application and Docket Number (if known) attached: [mpappl@ercot.com](mailto:mpappl@ercot.com) If you have any questions, please contact:

#### ***ELECTRIC RELIABILITY COUNCIL OF TEXAS (ERCOT)***

*Amy Loera*

*Regulatory Legal Specialist*

*Office Phone: 512-225-7026*

*Fax Number: 512-225-7079*

[amy.loera@ercot.com](mailto:amy.loera@ercot.com)

#### ***TEXAS COMPTROLLER'S OFFICE***

*Inheritance and Miscellaneous Tax Section*

*111 East 17<sup>th</sup> Street*

*P.O. Box 13528*

*Austin, Texas 78711-3528*

*Office Phone: 512-463-4276*

*Fax Number: 800-531-5441 ext. 34276*

[miscellaneous.taxes@cpa.state.tx.us](mailto:miscellaneous.taxes@cpa.state.tx.us)

#### ***TEXAS SECRETARY OF STATE***

*(parcel delivery)*

*Service of Process*

*1019 Brazos Street. Room 105*

*Austin, Texas 78701*

*Office Phone: 512-463-5555*

*Fax Number: 512-463-5555*

[corpinfo@sos.state.tx.us](mailto:corpinfo@sos.state.tx.us)

*(US Mail only)*

*Service of Process*

*P.O. Box 12079*

*Austin, Texas 78711-2079*

#### ***PUBLIC UTILITY COMMISSION OF TEXAS***

*Low Income Discount Administrator (LIDA ADMINISTRATOR)*

*1701 North Congress Avenue*

*P.O. Box 13326*

*Austin, Texas 78711-3326*

*Office Phone: 512-936-7002*

*Fax Number: 512-936-7058*

[LIDAAdmin@puc.texas.gov](mailto:LIDAAdmin@puc.texas.gov)

**Do not file these addresses with the application.**