

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

Pursuant to Commission Substantive Rule §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 the Commission’s Central records Division at the time of submission.

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

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

All responses to the questions shall be provided in a complete and truthful manner. Pursuant to Substantive Rule §25.107(c)(4), while an application is pending, an applicant shall inform the Commission of any material change in 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 you are seeking, do not include it in your 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 shall 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 DBAs)	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

Customer Change (Additions or Deletions)	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

Option 2 REP Applications	Required Responses
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 or 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

Option 3 REP Applications	Required Responses
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 or 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 amendment must include the initial affidavit and the affidavit for compliance with Substantive Rule §25.107(g)(2)(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.



Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7000 • (Fax) 512-936-7003

Web Site: www.puc.texas.gov

Application for, or Amendment to, a Retail Electric Provider (REP) Certificate
(Pursuant to PUC Substantive Rule §25.107)

DOCKET NUMBER:

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).

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

(c) Provide an explanation of the Amendment:

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 Code:
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 Code:
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 Code:
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 Code:
Phone No.:	Fax No.:	Toll Free No.:	
Email:		Web Address:	

A-5. Emergency Contact Information – The Applicant shall provide the following information concerning its 9-1-1 Contact Personnel as required in Substantive Rule §25.53(e). You may provide up to three 9-1-1 contacts per company. The Commission prefers that you provide at least two 9-1-1 Contacts.

PRIMARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:	Home No:		
EMAIL:	WEBSITE:		
SECONDARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:	Home No:		
EMAIL:	WEBSITE:		
TERTIARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:	Home No:		
EMAIL:	WEBSITE:		

A-6. Principal Company Information

(a). Physical Address

Company Name:		
Primary Contact:	Title:	
Physical Address:		
City:	State:	ZIP:
Email:	Website:	
Phone:	Fax:	Toll Free:

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

Company Name:		
Contact:	Title:	
Mailing Address:		
City:	State:	ZIP:
Email:	Website:	

(c). Texas Office Address

Company Name:

Contact:		Title:	
Address:			
City:		State:	
		ZIP:	
Email:		Website:	
Phone:		Fax:	
		Toll Free:	

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

Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

A-8. Certificated Name(s)

(a). Primary Name on Certificate

Primary Certificate Name:

Texas Secretary of State (or County) File Number:

Date and State where Business was established:

Texas Comptroller’s Tax ID. Number:

Other Applicable Certification/File Numbers:

(b). EXISTING Approved Certificate Names (if applicable)(Maximum of 5 d/b/as)

PUC Approved Name:

PUC Approved Name:

PUC Approved Name:

PUC Approved Name:

PUC Approved Name:

(c). REQUESTED Certificate Names (if applicable)(Maximum of 5 d/b/as)

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
(d). DELETION of EXISTING Certificate Names (if applicable)		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		
Name to be DELETED:		

PART B – SERVICE AREA

B-1. Certificated Service Area

(a). Option 1 REP – Service Area by Geography (Select Only One)

- Entire State of Texas
- By 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 Organization 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). Option 2 REP – Service Area by Customer (Select Only One)

- Provide as Attachment B-2 the affidavit from each customer required by §25.109(d)(2). (Identify the customer):

(c). Option 3 REP – Service Area by Customer (Select Only One)

- Provide as Attachment B-3 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):

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.

C-2. Protection of Customer Deposits. A n 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. Does the Applicant wish to have 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.

Identify the last 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? If Yes, answer Questions D-2 thru D-12. If No, answer Questions D-3 thru D-12.

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.

(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.

(e). Do you agree to comply with all system rules established by the Independent System Operator (ISO) as required by §25.107(g)(2)(F)?

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

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(f)(1)(D) to meet the combined competitive work experience requirement of at least 15 years.

- (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 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.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
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. If you have “No Additional Information to Report”, please indicate below.

No Additional Information to Report.

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 of 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, the Texas Comptroller's Office, the Texas Secretary of State, and the Administrator of the Texas Universal Service Fund 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.

ATTACHMENT D-2A

Qualified Scheduling Entity (QSE)

Term of Service Agreement:

Date Service Agreement Began:

Company Name:

Contact:

Title:

Physical Address:

City:

State:

ZIP:

Email:

Website:

Phone:

Fax:

Toll Free:

Term of Service Agreement:

Date Service Agreement Began:

Company Name:

Contact:

Title:

Physical Address:

City:

State:

ZIP:

Email:

Website:

Phone:

Fax:

Toll Free:

Term of Service Agreement:

Date Service Agreement Began:

Company Name:

Contact:

Title:

Physical Address:

City:

State:

ZIP:

Email:

Website:

Phone:

Fax:

Toll Free:

ATTACHMENT D-3

Third Party Entities or Consultants relied upon to meet Technical Qualifications

Type of Service Provided (Billing, Customer Service, etc.):

Term of Service Agreement:	Date Service Agreement Began:
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Type of Experience:	Years of Experience:
----------------------------	-----------------------------

Company Name:

Contact:	Title:
-----------------	---------------

Physical Address:

City:	State:	ZIP:
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Email:	Website:
---------------	-----------------

Phone:	Fax:	Toll Free:
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Type of Service Provided (Billing, Customer Service, etc.):

Term of Service Agreement:	Date Service Agreement Began:
-----------------------------------	--------------------------------------

Type of Experience:	Years of Experience:
----------------------------	-----------------------------

Company Name:

Contact:	Title:
-----------------	---------------

Physical Address:

City:	State:	ZIP:
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Email:	Website:
---------------	-----------------

Phone:	Fax:	Toll Free:
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Type of Service Provided (Billing, Customer Service, etc.):

Term of Service Agreement:	Date Service Agreement Began:
-----------------------------------	--------------------------------------

Type of Experience:	Years of Experience:
----------------------------	-----------------------------

Company Name:

Contact:	Title:
-----------------	---------------

Physical Address:

City:	State:	ZIP:
--------------	---------------	-------------

Email:	Website:
---------------	-----------------

Phone:	Fax:	Toll Free:
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ATTACHMENT D-4

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

Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:
Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:
Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:
Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:
Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:
Name:	Title:
Employer:	
Employment Period:	
Verifying Contact and Title:	
Phone:	Email:

ATTACHMENT D-5

Risk Management Experience relied upon to meet Technical Qualifications

Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:
Contact:	Title:
Company Name:	
Type of Experience:	
Years of Experience or Time Period Worked:	
Phone:	Email:

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 _____ 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 _____ 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 Title

Typed or Printed Name

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the _____

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 _____

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 _____.

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 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 _____

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), 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 understands and will comply with all requirements applicable to a Retail Electric Provider.

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 Substantive Rule §25.109 of this title (relating to Registration of Power Generation Companies and Self Generators), and that our electric service will; (A) Conform to the requirements of Substantive Rule §25.211 of this title (relating to Interconnection of On-Site Distributed Generation (DG)) and Substantive Rule §25.212 of this title (relation 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 _____

Notary Public in and For the State of _____.
My commission expires on: _____.

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Application for New Option 1 REP Certification	TP, AFF, Parts A, B, C, & D
Name Change (Additions or Deletions of Primary Name or DBAs)	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

Customer Change (Additions or Deletions)	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

Option 2 REP Applications	Required Responses
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 or 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

Option 3 REP Applications	Required Responses
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 or 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 amendment must include the initial affidavit and the affidavit for compliance with Substantive Rule §25.107(g)(2)(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.

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 If you have any questions, please contact:

ELECTRIC RELIABILITY COUNCIL OF TEXAS (ERCOT)

Tisa Wilkins

Office Phone: 512-225-7080

tisa.wilkins@ercot.com

Regulatory Legal Specialist

Fax Number: 512-225-7079

TEXAS COMPTROLLER'S OFFICE

Inheritance and Miscellaneous Tax Section

111 East 17th Street

Austin, Texas 78711-3528

Office Phone: 512-463-4276

miscellaneous.taxes@cpa.state.tx.us

P.O. Box 13528

Fax Number: 800-531-5441 ext. 34276

TEXAS SECRETARY OF STATE

Corporation Information

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Austin, Texas 78711-3697

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corpinfo@sos.state.tx.us

P.O. Box 13697

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Solix, Inc.

State Program Operations

30 Lanidex Plaza West

Parsippany, New Jersey 07054

Office Phone: 973-581-5052

mmaciej@solixinc.com

P.O. Box 685

Fax Number: 877-215-8018

PUBLIC UTILITY COMMISSION OF TEXAS

Low Income Discount Administrator (LIDA ADMINISTRATOR) System Benefits Fund

1701 North Congress Avenue

Austin, Texas 78711-3326

Office Phone: 512-936-7002

LIDAAdmin@puc.texas.gov

P.O. Box 13326

Fax Number: 512-936-7058