

**APPLICATION FOR A
CERTIFICATE OF CONVENIENCE AND NECESSITY
FOR SERVICE AREA BOUNDARIES**

DOCKET NO. _____

Submit seven (7) copies of the application and all attachments to:

**Public Utility Commission of Texas
Attn: Filing Clerk
1701 N. Congress Ave.
Austin, Texas 78711-3326**

**Application For A Certificate of Convenience and Necessity
For Service Area Boundaries**

1. Applicant (Utility) Name: a. _____ b. _____

Certificate Number:

Street Address:

Mailing Address:

2. Person to Contact: a. _____ b. _____

Title/Position:

Phone Number:

Mailing Address:

Email Address:

Alternate Contact: a. _____ b. _____

Title/Position:

Phone Number:

Mailing Address:

Email Address:

Legal Counsel: a. _____ b. _____

Phone Number:

Mailing Address:

Email Address:

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3. Counties:

List all counties involved in the proposed boundary change.

4. Municipalities:

List all municipalities involved in the proposed boundary change. Attach a copy of the franchise, permit or other evidence of the city's consent held by the utility. If franchise, permit, or other evidence of the city's consent has been previously filed, provide only the docket number of the application in which the consent was filed.

5. Affected Utilities:

Identify any other utility providing electric service whose existing certificated service area boundary would be affected by the proposed change. State whether the applicant(s) has obtained the agreement of the other affected utilities. Attach a copy of any written agreements with the applicant(s) and other affected utilities.

6. Maps:

Base maps should be a full scale (one inch = one mile) highway map of the county or counties involved, or a U.S.G.S. 7-minute topographical map, subdivision plat map, or other map of comparable scale with sufficient cultural and natural features to permit location of the proposed service area amendment in the field. Show all existing boundaries and the proposed boundaries affected by this application. Show any existing or proposed distribution or transmission lines affected by this application.

7. Need:

State the reasons why the proposed boundary change is being requested, including a description of new loads to be served and new facilities to be constructed if the application is granted.

8. Estimated Costs:

State the amount of money expected to be expended on new facilities if the application is granted.

9. Need:

Describe the existing service in the area affected by the application and explain the need for additional service.

10. §37.056 Criteria:

Describe the effect of the proposed boundary change on the community values, recreational and park areas, historical and aesthetic values, and environmental integrity. Describe the effect of the proposed boundary change as it relates to the improvement of service or the lowering of cost to consumers in the affected area.

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AFFIDAVIT

Attach a sworn affidavit from a qualified individual authorized by the applicant to verify and affirm that to the best of knowledge; all information provided, statements made, and matters set forth in this application and attachments are true and correct.