



## *Public Utility Commission of Texas*

1701 N. Congress Avenue  
P. O. Box 13326  
Austin, Texas 78711-3326  
(512) 936-7000 • (Fax) 936-7003  
Web Site: [www.puc.state.tx.us](http://www.puc.state.tx.us)

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

#### **Pursuant to Commission Substantive Rule 25.107(c)(2)**

A REP application (new or amendment) consists of a title page, an affidavit, and the other required information.

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).

In addition:

- The submitted copies shall be three-hole punched.
- Each copy, excluding the original, shall be submitted in a loose-leaf binder with the applicant's name on the spine of the notebook.
- Each question/response shall be tabbed and the Applicant's name shall appear on each page along with a page number.

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 question is not listed below 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 submitted supplemental information should include the docket number that was assigned by Central Records when the application was filed.

Application Type	Required Responses to Questions
New REP Application	TP, AFF, Parts A-D, E1-E2
Name Change (Additions or Deletions of Primary Name or D/B/As)	TP, AFF, Part A and E2
Change in Ownership/Control, Corporate Restructuring, or Transfer of Certificate	TP, AFF, Parts A-D, E1-E2
Change in Service Area or Type of Provider	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
Cessation of Operations	TP, AFF, Parts A&E

TP – Title Page

AFF - Affidavit

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.**



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## TITLE PAGE

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

DOCKET NO. \_\_\_\_\_

APPLICANT:

\_\_\_\_\_

#### **Authorized Company Representative:**

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative Address: \_\_\_\_\_

(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Representative Phone Number: \_\_\_\_\_

Representative Fax Number: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

#### **Regulatory Contact Information:**

Regulatory Contact Name: \_\_\_\_\_

Regulatory Contact Title: \_\_\_\_\_

Regulatory Contact Address: \_\_\_\_\_

(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Regulatory Contact Phone Number: \_\_\_\_\_

Regulatory Contact Fax Number: \_\_\_\_\_

Regulatory Contact Email Address: \_\_\_\_\_

#### **Complaint Contact Information:**

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Required Contact Address: \_\_\_\_\_

(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



**PART A – COMPANY ADMINISTRATIVE INFORMATION**

A-1 (a) Check only one:

\_\_\_\_\_ Application for New REP Certification

\_\_\_\_\_ Amendment to Existing REP Certification No. \_\_\_\_\_

(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing:

\_\_\_\_\_ Name Change Amendment

\_\_\_\_\_ Change in Ownership/Control

\_\_\_\_\_ Corporate Restructuring

\_\_\_\_\_ Change in Service Area

\_\_\_\_\_ Transfer of Certificate

\_\_\_\_\_ Change in Service Area

\_\_\_\_\_ Change in Type of Provider

\_\_\_\_\_ Change of Customer

\_\_\_\_\_ Change in Technical/Managerial Qualifications

\_\_\_\_\_ Change in Financial Qualifications

\_\_\_\_\_ Cessation of Operations

\_\_\_\_\_ Other (Explain below)

(c) Provide a summary explanation of all items checked in “b” above.

A-2 Provide required contact information:

(a) **Company Physical Address:**

Certificated/Primary Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Company/Physical Address (*Street Address*): \_\_\_\_\_

(*Suite, Floor, Apartment Number, etc.*): \_\_\_\_\_

(*City, State, Zip Code*): \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Toll-free customer service telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website address: \_\_\_\_\_

Email address: \_\_\_\_\_

(b) **Mailing Address** (*If Different from Company Physical Address*):

Company Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

(*Street/P.O. Box*): \_\_\_\_\_

(*City, State, Zip Code*): \_\_\_\_\_

- (c) **Texas Office Address:**  
 Company Contact: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Company/Physical Address (*Street Address*): \_\_\_\_\_  
 (*Suite, Floor, Apartment Number, etc.*): \_\_\_\_\_  
 (*City, State, Zip Code*): \_\_\_\_\_  
 Company Phone Number: \_\_\_\_\_  
 Toll-free customer service telephone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 Website address: \_\_\_\_\_  
 Email address: \_\_\_\_\_

- (d) Officers, Directors and Principals. Provide as Attachment A-2 the name, title, address, phone number, facsimile number and email address of each of the applicant's officers, directors and principals.

A-3. Name(s) on certificate.

- (a) State the Approved/Requested/Deleted (Circle one) name(s) of the Applicant. Provide verification of each authorization to conduct business in Texas. If the Applicant is a corporation, partnership, or limited liability company, provide a copy of the Office of the Secretary of State Certificate of Filing or provide the file number and the date of authorization for each requested name. If the Applicant is a Sole Proprietorship, provide a copy of the County Certificate of Filing or provide the name of the county, file number, and date of authorization for each requested name.

**Primary Certificated Name:**

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (1) Approved/Requested/Deleted d/b/a: \_\_\_\_\_

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (2) Approved/Requested/Deleted d/b/a: \_\_\_\_\_

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (3) Approved/Requested/Deleted d/b/a: \_\_\_\_\_

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (4) Approved/Requested/Deleted d/b/a: \_\_\_\_\_

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (5) Approved/Requested/Deleted d/b/a: \_\_\_\_\_

File Number: \_\_\_\_\_ Date: \_\_\_\_\_

- (b) Form of business (Circle one):  
 Corporation, Partnership, Private Company, Limited Liability Company,  
 Sole Proprietorship, or Other (Identify)\_\_\_\_\_.

**PART B – SERVICE AREA**

Indicate the requested service area below:

(a) Option 1 – Service Area by “Geography”.

Entire State of Texas.

Service area of one or more Transmission and Distribution Utilities (TDU), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative): \_\_\_\_\_

Geographic area of one or more Independent Organization within Texas (ERCOT, SPP, etc.) (Identify each organization): \_\_\_\_\_

Specific geographic area – identify on Attachment B-1 the zip codes covering the requested service area.

(b) Option 2 – Service Area by “Customer”. Each customer must contract for one megawatt or more of capacity. Applicant must provide an Affidavit for each customer as required in §25.107(d)(2).

Applicants electing this option must comply with the requirements of §25.107(d)(2). Provide as Attachment B-2 the name of each customer and the required affidavit : \_\_\_\_\_

**PART C – FINANCIAL REQUIREMENTS**

C-1 Access to Capital (Applicable to Option 1 Applicants only). An applicant must choose one of the three methods below to demonstrate that the applicant meets the capital requirements of §25.107(f)(1).

\_\_\_\_\_ (a) Investment-grade credit rating. If you elect 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 you rely 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).

\_\_\_\_\_ (b) Tangible net worth. If you elect 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 you rely 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).

- \_\_\_\_\_ (c) Shareholders' equity and letter of credit. If you elect 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 (F) demonstrating shareholders' equity of not less than \$1,000,000 and an irrevocable stand-by letter of credit payable to the PUCT of \$500,000. If you believe that you are exempt from the shareholders' equity requirement under §25.107(f)(1)(B)(iii), provide as Attachment C-1 the documentation required by §25.107(f)(4)(F) and provide documentation demonstrating that you began serving load on or before January 1, 2009.
- C-2 Protection of Customer Deposits (Applicable to Option 1 applicants only). A REP 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\_\_\_ Do you wish to have the option of collecting deposits or advance payments from customers? If Yes, provide 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. By executing the affidavit attached hereto, the Applicant swears or affirms that it is aware of, and will comply with §25.107(f)(5), relating to financial standards required of REPs for the billing and collection of transition charges.
- C-4 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 Identify the last month and day of the fiscal reporting year of the applicant and its guarantor, if applicable. (Applicable to Option 1 applicants only).

#### **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 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. Yes \_\_\_ No \_\_\_ Are you current with your ERCOT testing obligation? If no, provide an explanation as Attachment D-2B.
- c. Yes \_\_\_ No \_\_\_ Have you defaulted on the "Load Serving Entity" (LSE) Agreement? If yes, provide an explanation as Attachment D-2C.
- d. Yes \_\_\_ No \_\_\_ Are you providing Outage Notification as required by §25.107(g)(1)(G)? If no, provide an explanation as Attachment D-2D.
- e. Yes \_\_\_ No \_\_\_ Do you agree to comply with all system rules established by the independent system operators as required by §25.107(g)(2)(F)? 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 Yes \_\_\_ No \_\_\_ Did any of your principals or permanent employees ever work in a managerial position for a REP that experienced a mass transition of the REP's customers to a POLR? If Yes, provide as Attachment D-4 the name of each such principal and permanent employee and the name of the previous REP.
- D-5 Competitive electric or gas industry experience. Provide as Attachment D-5 the following information for each of the principals and permanent employees whose experience you rely upon to meet the requirements of §25.107(g)(1)(D): (1) Company Name; (2) Contact Person; (3) Contact Person Title; (4) Company address (street address, city, state & zip code); (5) Company phone number; (6) Facsimile number; (7) email address; (8) Type of Experience; (9) Number of Years of Experience; and (10) Number of Years with REP.
- D-6 Risk Management Experience. Provide as Attachment D-6 the following information to demonstrate compliance with §25.107(g)(1)(E):
- (1) the name, title, telephone number, and email address of the principal or permanent employee that the applicant relies upon to meet this requirement, or the contact person, contact person telephone number, and contact person email address of the company that will provide energy commodity risk management services pursuant to the terms of a two-year contract with the applicant, and
- (2) any information or documentation necessary to substantiate a claim that the principal, permanent employee, or risk management services provider has the required experience, including but not limited to a resume that provides employment history in energy commodity risk management and includes job titles or classifications, a description 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 information and documentation provided with an additional request for information or a telephone interview.

- D-7 Provide as Attachment D-7 a brief explanation of how you plan to provide adequate staffing to meet all service level commitments.
- D-8 Provide as Attachment D-8 the information required by §25.107(g)(2)(B) (complaint history, disciplinary, and compliance record). If you have nothing to report, please state “None” in the following blank: \_\_\_\_\_
- D-9 Provide as Attachment D-9 the information required by §25.107(g)(2)(D). If you have nothing to report, please state “None” in the following blank: \_\_\_\_\_
- D-10 Provide as Attachment D-10 the information required by §25.107(g)(2)(E). If you have nothing to report, please state “None” in the following blank: \_\_\_\_\_
- D-11 Provide below the name and PUC certification number for each of the Applicant’s affiliates that are certificated to provide electric service in Texas.
- D-12 Provide as Attachment D-12 any other evidence in support of your plans to meet the requirements of §25.107(g) that you would like considered. If you have nothing to report, please state “None” in the following blank: \_\_\_\_\_

## **PART E – CESSATION OF OPERATIONS**

### **E-1 Customer Notice of REP Cessation of Operations**

Provide as Attachment E-1 a copy of the customer notification sent to each customer indicating the intent of the Applicant to cease operations. The Customer Notice shall, at a minimum, contain the following information: If no customer notification was sent, provide an explanation as Attachment E-1.

- (a) Date the Applicant intends to cease operations (minimum of 45 days)
- (b) Arrangements, if any, to transfer customers to another REP;
- (c) Statement that customer choice still remains. If no choice is made, provide the name and contact information of the carrier of last resort to which the customers’ service(s) will be transferred; and
- (d) Contact information the commission can use for future communication.

**E-2 Other Notifications for REP Cessation of Operations**

- (a) The Applicant is required to notify the ISO (ERCOT, SPP, etc.) and provide a copy of its application to cease operations within 5 days of filing with the commission. (See Attachment E).
- (b) Yes \_\_\_ No \_\_\_ Did you provide written notice (email or letter) to the Customer Protection Division of the PUC within 2 business days of filing with the commission an application to cease operations? If No, provide an explanation as Attachment E-2B.
- (c) Yes \_\_\_ No \_\_\_ Did you provide written notice (email or letter) to the Texas Comptroller's Office, Texas Secretary of State, and the administrator of the Texas Universal Service Fund within 5 days of filing with the commission an application to cease operations? (See Attachment E). If No, provide an explanation as Attachment E-2C.

**E-3 Customer Deposits and Credits**

Provide as Attachment E-3 a statement as to the disposition of customer deposits and credits.

## ATTACHMENT D-2

### Qualified Scheduling Entity (QSE)

Type of Service Provided: (QSE, Billing, Customer Service, Etc.) \_\_\_\_\_

Term of Service Agreement: \_\_\_\_\_

Date Service Agreement Began: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Company number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Third Party Entities

Type of Service Provided: (QSE, Billing, Customer Service, Etc.) \_\_\_\_\_

Term of Service Agreement: \_\_\_\_\_

Date Service Agreement Began: \_\_\_\_\_

Number of years of Experience: \_\_\_\_\_

Type of Experience: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Company number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Service Provided: (QSE, Billing, Customer Service, Etc.) \_\_\_\_\_

Term of Service Agreement: \_\_\_\_\_

Date Service Agreement Began: \_\_\_\_\_

Number of years of Experience: \_\_\_\_\_

Type of Experience: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Company number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Expand Attachment as needed.

## ATTACHMENT D-3

### Consultants

Type of Service Provided: (QSE, Billing, Customer Service, Etc.) \_\_\_\_\_  
Term of Service Agreement: \_\_\_\_\_  
Date Service Agreement Began: \_\_\_\_\_  
Number of years of Experience: \_\_\_\_\_  
Type of Experience: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Company number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Type of Service Provided: (QSE, Billing, Customer Service, Etc.) \_\_\_\_\_  
Term of Service Agreement: \_\_\_\_\_  
Date Service Agreement Began: \_\_\_\_\_  
Number of years of Experience: \_\_\_\_\_  
Type of Experience: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Company number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## ATTACHMENT D-5

### Technical and Managerial Experience

(15-year competitive Electric and Gas Experience)

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Company number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Type of Experience: \_\_\_\_\_  
Number of Years of Experience: \_\_\_\_\_  
Number of Years with REP: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Company number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Type of Experience: \_\_\_\_\_  
Number of Years of Experience: \_\_\_\_\_  
Number of Years with REP: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Company number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Type of Experience: \_\_\_\_\_  
Number of Years of Experience: \_\_\_\_\_  
Number of Years with REP: \_\_\_\_\_

Expand Attachment as needed.

## **ATTACHMENT E – NOTICE CONTACT INFORMATION**

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

*Send email announcing relinquishment of REP certification with a copy of the Relinquishment Application and Docket Number (if known) attached; within 5 days of filing with the Commission to: [mpappl@ercot.com](mailto:mpappl@ercot.com)*

*If you have any questions, please contact Ms. Tisa Weston, External Relations Specialist, Office Phone 512-225-7080 and Fax number 512-225-7090.*

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

*Truda Senter*

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

*P.O. Box 13528*

*Austin, Texas 78711-3528*

*Office No.: (512) 463-4755*

*Fax Number: (512) 463-4978*

*[Truda.senter@cpa.state.tx.us](mailto:Truda.senter@cpa.state.tx.us)*

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

*Carmen Flores (Attorney)*

*19 Brazos Street*

*P.O. Box 13697*

*Austin, Texas 78711-3697*

*Office No.: (512) 463-5588*

*File Number: (512) 463-5555*

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

### ***TEXAS USF ADMINISTRATOR***

*Solix, Inc.*

*Frank Garofaloce*

*State Program Operations*

*100 South Jefferson Road*

*P.O. Box 902*

*Whippany, New Jersey 07981*

*800-899-6078*

*973-581-5225 - Voice*

*973-599-6504 - Fax*

*[fgarofa@solixinc.com](mailto:fgarofa@solixinc.com)*

### ***Public Utility Commission of Texas***

*Jay Stone*

*Fiscal & Information Services Division - Program Administrator*

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*(512)-936-7425*

*Fax Number: (512)-936-7058*

*[jay.stone@puc.state.tx.us](mailto:jay.stone@puc.state.tx.us)*

Expand Attachment as needed.