**STATE OF IOWA**

**BEFORE THE IOWA UTILITIES BOARD**

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In Re: ) Docket No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ) (Assigned When Filed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Insert Applicant Name) ) Application for Certification

 ) of Competitive Natural Gas Provider

 )

 ) **Small and Large Volume
) Customer Provider**

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COMES NOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and files this application for a certificate as a competitive natural gas provider (CNGP) to provide competitive natural gas services to small and large volume customers.

1. Indicate whether the applicant is seeking certification as a competitive natural gas provider or as a competitive natural gas aggregator.

2. The legal name and all trade names under which the applicant will operate, a description of the business structure of the applicant (i.e. corporation, partnership, sole proprietorship), evidence of authority to do business in Iowa, and the applicant's state of incorporation, if applicable.

3. The names, business addresses, and business telephone numbers of the principal officers of the applicant who can be contacted regarding its operations in Iowa and telephone number(s) at which the CNGP can be contacted 24 hours a day.

4. A list, by state, of the applicant's affiliates engaged in the provision of competitive natural gas services. The list should include the affiliates' names and addresses.

5. A listing of all legal actions and formal complaints pertaining to the provision of competitive natural gas service filed against the applicant or its affiliates at a public utility regulatory body other than the Iowa Utilities Board that were pending in the 12 months prior to the date of the request for certificate, including identification of the title and number of applicable proceedings and a copy of the final orders in such proceedings or the citation to the website where the text of the orders can be found.

6. Identification of the states and jurisdictions in which the applicant or an affiliate has had a license or certificate to supply competitive natural gas services suspended, revoked, or denied, or where the applicant has voluntarily withdrawn from providing service due to financial or operational reasons. Applicant shall include identification of the title and number of any applicable proceedings and a copy of any final orders in such proceedings or the citation to the website where the text of the orders can be found.

7. A demonstration that the applicant has the operational and financial capability to obtain and deliver the services the applicant proposes to offer. At a minimum, applicants are required to submit the following financial statements: a balance sheet, statement of income, statement of cash flow, and, if applicable, a statement of shareholders' equity and the applicant's debt structure, including bond rating. As a demonstration of the applicant's operational ability, the applicant must submit a roster of officers and directors, a description of the professional backgrounds of the applicant's principal managerial and technical personnel, an operational flow chart, a description of the applicant's facilities, and a description of the services the applicant will provide. A request for confidential treatment for this information may be filed with the Iowa Utilities Board, pursuant to 199 IAC 1.9(6).

8. A copy of the standard customer contract(s) and disclosure statement as required by 199 IAC 19.14(6)"c."

9. A commitment to comply with all the applicable conditions of certification contained in 199 IAC 19.14. This includes the requirement to file an annual report with the Iowa Utilities Board detailing monthly sales volumes and revenues, and the requirement to notify the Iowa Utilities Board within 14 days of any significant changes. Applicant must acknowledge that failure to comply with all the applicable conditions of certification may result in the revocation of the CNGP's certificate.

Submitted by,

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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