**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

)

) **Vehicle Fuel Provider**

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COMES NOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and files this application for a certificate as a competitive natural gas provider (CNGP) to provide natural gas for vehicle fueling.

1. The name, address, and phone number of the CNG vehicle station(s).

*Note: If applicant opens additional CNG fueling stations after its certificate is issued, the applicant is required to notify the Iowa Utilities Board within 14 days. Notification of additional stations should include the name, address, phone number of the CNG fueling station, the date operations began, and a description of the facilities at the fueling station.*

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), and the applicant's state of incorporation, if applicable.

3. The names, business addresses, and business telephone numbers of the applicant's corporate officers or owners responsible for the applicant's operations in Iowa. Also include a telephone number where the applicant 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 (including vehicle fueling). 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 services 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 certification—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. Copies of the required regulatory documentation listed below, or a statement that approval has been requested and the date approval is expected for each item.

a. As evidence of authority to do business in Iowa, the applicant must provide documentation of its registration with the Iowa Secretary of State's office.

b. A copy of the Certificate of Conformance from the National Type Evaluation Program for each dispenser of compressed natural gas to be operated by the business issued by the Iowa Department of Agriculture and Land Stewardship.

c. A copy of the license from the Iowa Department of Revenue required for the business to collect applicable taxes.

d. Approval of the Iowa Department of Public Safety/Division of the Fire Marshal for the fuel-dispensing facilities.

8. 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 which includes opening additional vehicle fueling stations. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_