

Public Utility Commission of Texas 1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7000

Web address: www.puc.texas.gov

Registration and Re-registration Form for Power Marketers

(In accordance with 16 Texas Administrative Code (TAC) § 25.105)

1. Type of registration
Check the following that apply:
□ New power marketer registration
☐ Amendment of power marketer registration
☐ Current power marketer re-registration
☐ Withdrawal of existing power marketer registration
2. Amendments
If filing an amendment, check all applicable boxes and fill in only the sections of this form that are applicable to
your amendment:
□ Name change amendment
☐ Change to activities and services provided
☐ New or additional addresses of facilities used
☐ Change in Federal Energy Regulatory Commission (FERC) Registration
□ Other
Provide a brief explanation of amendment:
3. Annual renewal of registration
If filing a re-registration, fill in the box below if the registrant's information has not changed from the previous
registration.
□ No information has changed from the previous registration. The Affidavit is required to be completed and filed if this
box is checked.

1. Registrant						
Legal business name:						
Address:						
City:	ZIP:	Principal place of business:				
Email:		Phone:				
2. Regulatory Contact Information						
Name:		Title:				
Email:		Phone:				
Check the relevant box below indicating wheth of the registrant. ☐ Yes, the registrant's regulatory contact is an in ☐ No, the registrant's regulatory contact is not an	aternal staff membe					
3. Description of activities registrant will	participate in ar	nd services it will provide.				
4. Addresses of any facilities used by the registrant in Texas.						
5 As applicable provide as an attachmen						

AFFIDAVIT

(Must be notarized by a public notary)

STATE OF	§				
COUNTY OF	§				
	§				
BEFORE ME, the undersigned author			_		
on his or her oath that he or she is ent	itled to make this Affidavit, and that	the stateme	ents contained be	low and in th	e foregoing
are true and correct.					
Complete the following information t	o identify all registrant's affiliates in	n the state o	f Texas:		
	, ,				
Affiliate's name (enter N/A if	Affiliates type of Commission	mmission Type of services provided by affiliate (buys			
registrant does not have an	registration		or sells at wholesale, sells at retail, is an electric cooperative, is a municipally owned utility, is a qualified scheduling entity, etc.)		
affiliate)					
		utility,	is a quamied sci	neaunng enu	ity, etc.)
I swear and affirm that I have persona	al knowledge of the facts stated in th	e attached r	egistration, that	I am compete	ent to testify
to them, and that I have the authority	_		-	_	-
all statements made in the registration	form are true, correct, and complete	and that an	y substantial cha	inges in such	informatior
will be provided to the Public Utili	•	•	I swear and a	ffirm that th	e registran
understands and will comply with all	requirements of the applicable law a	and rules.			
		Sworn and	subscribed befo	ore me this	dov
Signature of Authorized Representati			Month		иау
Signature of Authorized Representa	iive				
Printed Name		Notary Public in and for the State of			
Name of Registrant					