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DOCKET NO. 42784

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PUBLIC UTILITY COMMISSION  
FILING CLERK

APPLICATION OF DIRECT ENERGY §  
BUSINESS, LLC FOR AMENDMENT §  
TO A RETAIL ELECTRIC PROVIDER §  
CERTIFICATION §

PUBLIC UTILITY COMMISSION  
OF TEXAS

TITLE PAGE

Name of Applicant: Direct Energy Business, LLC

Authorized Company Representative:

Representative Name: Edward A. "Ned" Ross III

Representative Title: Director, Government & Regulatory Affairs

Representative Address: 919 Congress Avenue

(Suite, Floor, Apartment Number, etc.): Suite 1300

(City, State, Zip Code): Austin, TX 78701

Representative Phone Number: (512) 320-7903

Representative Fax Number: (512) 480-8073

Representative Email Address: Ned.ross@directenergy.com



**Public Utility Commission of Texas**

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7000 • (Fax) 512-936-7003

Web Site: www.puc.texas.gov

**Application for, or Amendment to, a Retail Electric Provider (REP) Certificate**  
 (Pursuant to PUC Substantive Rule §25.107)

**DOCKET NUMBER:**

<b>Applicant</b>	
<b>Applicant Name:</b> DIRECT ENERGY BUSINESS, LLC	
<b>Second Applicant Name (if required):</b>	
<b>Type of Certification</b>	
(a) Check only one of the following.	
<input type="checkbox"/> New REP Option 1 Certification	
<input type="checkbox"/> New REP Option 2 Certification	
<input type="checkbox"/> New REP Option 3 Certification	
<input checked="" type="checkbox"/> REP Amendment [REP Certification No.: ] 10011	
(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing: (Provide a written explanation of the Amendment in "c" below).	
<input type="checkbox"/> Name Change amendment	<input type="checkbox"/> Corporate Restructuring
<input type="checkbox"/> Change in Ownership/Control	<input type="checkbox"/> Change in Technical/Managerial Qualifications
<input type="checkbox"/> Change in Service Area	<input type="checkbox"/> Change in Financial Qualifications
<input type="checkbox"/> Change in Type of Provider	<input checked="" type="checkbox"/> Other (Explain in "c" below)
<input type="checkbox"/> Relinquishment of Certification	
<b>(c) Provide an explanation of the Amendment:</b>	
Material changes in its update of Officers and Directors	

**PART A – COMPANY ADMINISTRATIVE INFORMATION****A-1. Application Contact Information**

<b>Contact Name:</b> EDWARD "NED" ROSS III		<b>Title:</b> DIRECTOR, GOV'T. & REG. AFFAIRS	
<b>Street or Mailing address:</b> 1001 LIBERTY AVE.			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> PITTSBURGH		<b>State:</b> PA	<b>Zip Code:</b> 15222
<b>Phone No.:</b> 412-667-5100	<b>Fax No.:</b>	<b>Toll Free No.:</b> 412-667-5100	
<b>Email:</b> customerrelations@directenergy.com		<b>Web Address:</b> www.directenergybusiness.com	

**A-2. Authorized Representative Contact Information**

<b>Contact Name:</b> EDWARD "NED" ROSS III		<b>Title:</b> DIRECTOR, GOV'T. & REG. AFFAIRS	
<b>Street or Mailing address:</b> 919 CONGRESS AVE.			
<b>Mailing address (Suite, Floor or Room):</b> SUITE 1300			
<b>City:</b> AUSTIN		<b>State:</b> TX	<b>Zip Code:</b> 78701
<b>Phone No.:</b> 512-320-7903	<b>Fax No.:</b> 512-480-8073	<b>Toll Free No.:</b> 512-320-7903	
<b>Email:</b> ned.ross@directenergy.com		<b>Web Address:</b> www.directenergybusiness.com	

**A-3. Regulatory Representative Contact Information**

<b>Contact Name:</b> NORMAN LEVINE		<b>Title:</b> DIRECTOR, GOV'T. & REG. AFFAIRS	
<b>Street or Mailing address:</b> 12 GREENWAY PLAZA			
<b>Mailing address (Suite, Floor or Room):</b> SUITE 250			
<b>City:</b> HOUSTON		<b>State:</b> TX	<b>Zip Code:</b> 77046
<b>Phone:</b> 713-877-3510	<b>Fax No.:</b> 713-877-3779	<b>Toll Free No.:</b> 713-877-3510	
<b>Email:</b> norman.levine@directenergy.com		<b>Web Address:</b> www.directenergybusiness.com	

**A-4. Complaint Representative Contact Information**

<b>Contact Name:</b> CARL BOYD		<b>Title:</b> Sr. Compliance Manager	
<b>Street or Mailing address:</b> 1001 LIBERTY AVE.			
<b>Mailing address (Suite, Floor or Room):</b>			
<b>City:</b> PITTSBURGH		<b>State:</b> PA	<b>Zip Code:</b> 15222
<b>Phone No.:</b> 412-667-5272	<b>Fax No.:</b> 412-667-6104	<b>Toll Free No.:</b> 412-667-5272	
<b>Email:</b> carl.boyd@directenergy.com, customerrelations@directenergy.com		<b>Web Address:</b> www.directenergybusiness.com	

**A-5. Emergency Contact Information – The Applicant shall provide the following information concerning its 9-1-1 Contact Personnel as required in Substantive Rule §25.53(e). You may provide up to three 9-1-1 contacts per company. The Commission prefers that you provide at least two 9-1-1 Contacts.**

PRIMARY CONTACT: EDWARD "NED" ROSS III		TITLE: DIRECTOR, GOV'T. & REG. AFFAIRS	
Office No: 512-320-7903	Fax No: 512-480-8073	Toll Free No: 512-320-7903	
Cell No:	Home No:		
EMAIL: ned.ross@directenergy.com	WEBSITE: www.directenergybusiness.com		
SECONDARY CONTACT: JIM LEE		TITLE: TEXAS MARKET ADVOCATE	
Office No: 512-320-7911	Fax No:	Toll Free No: 512-320-7911	
Cell No:	Home No:		
EMAIL: jim.lee@directenergy.com	WEBSITE: www.directenergybusiness.com		
TERTIARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:	Home No:		
EMAIL:	WEBSITE:		
<b>A-6. Principal Company Information</b>			
<b>(a). Physical Address</b>			
<b>Company Name:</b> DIRECT ENERGY BUSINESS, LLC			
<b>Primary Contact:</b> DAVE ROBERTS		<b>Title:</b> HEAD OF CUSTOMER OPERATIONS	
<b>Physical Address:</b> 1001 LIBERTY AVE.			
<b>City:</b> PITTSBURGH		<b>State:</b> PA	<b>ZIP:</b> 15222
<b>Email:</b> dave.roberts@directenergy.com		<b>Website:</b> www.directenergybusiness.com	
<b>Phone:</b> 412-667-6116		<b>Fax:</b> 866-461-8830	<b>Toll Free:</b> 412-667-6116
<b>(b). Mailing Address (if different from Physical Address)</b>			
<b>Company Name:</b> Same as Company Physical Address			
<b>Contact:</b> Same as Company Physical Address		<b>Title:</b> Same as Company Physical Address	
<b>Mailing Address:</b> Same as Company Physical Address			
<b>City:</b> Same as Company Physical Ad		<b>State:</b> Same as Company Physical A	<b>ZIP:</b> Same as Company Physical A
<b>Email:</b> Same as Company Physical Address		<b>Website:</b> Same as Company Physical Address	
<b>(c). Texas Office Address</b>			
<b>Company Name:</b> DIRECT ENERGY BUSINESS, LLC			

<b>Contact:</b> EDWARD "NED" ROSS III		<b>Title:</b> DIRECTOR, GOV'T. & REG. AFFAIRS	
<b>Address:</b> 919 CONGRESS AVE., SUITE 1300			
<b>City:</b> AUSTIN		<b>State:</b> TX	
		<b>ZIP:</b> 78701	
<b>Email:</b> ned.ross@directenergy.com		<b>Website:</b> www.directenergybusiness.com	
<b>Phone:</b> 512-320-7903		<b>Fax:</b> 512-480-8073	
		<b>Toll Free:</b> 512-320-7903	

**A-7. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone number and office email)**

<b>Name:</b> JOHN SCHULTZ	<b>Title:</b> President	<b>Phone:</b> 800-437-7265	<b>Email:</b> john.schultz@directenergy.com
<b>Name:</b> BRAY DOHRWARDT	<b>Title:</b> Secretary	<b>Phone:</b> 713-877-3500	<b>Email:</b> bray.dohrwardt@directenergy.com
<b>Name:</b> RANDY KRUGER	<b>Title:</b> Treasurer	<b>Phone:</b> 800-437-7265	<b>Email:</b> randy.kruger@directenergy.com
<b>Name:</b> CRAIG GALLIGAN	<b>Title:</b> Assistant Secretary	<b>Phone:</b> 412-667-5100	<b>Email:</b> craig.galligan@directenergy.com
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>

**A-8. Certificated Name(s)**

**(a). Primary Name on Certificate**

**Primary Certificate Name:** DIRECT ENERGY BUSINESS, LLC

**Texas Secretary of State (or County) File Number:** 0708461223

**Date and State where Business was established:** 02/21/2001; Delaware

**Texas Comptroller's Tax ID. Number:** 12518210476

**Other Applicable Certification/File Numbers:**

**(b). EXISTING Approved Certificate Names (if applicable)(Maximum of 5 d/b/as)**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**PUC Approved Name:**

**(c). REQUESTED Certificate Names (if applicable)(Maximum of 5 d/b/as)**

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>

<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>Name:</b>	<b>Texas SoS File No.</b>	<b>Date Active:</b>
<b>(d). DELETION of EXISTING Certificate Names (if applicable)</b>		
<b>Name to be DELETED:</b>		
<b>Name to be DELETED:</b>		
<b>Name to be DELETED:</b>		
<b>Name to be DELETED:</b>		
<b>Name to be DELETED:</b>		

**PART B – SERVICE AREA**

**B-1. Certificated Service Area**

**(a). Option 1 REP – Service Area by Geography (Select Only One)**

- Entire State of Texas
- By Service Area of one or more Transmission and Distribution Utilities (TDUs), Municipal Utilities, or Electric Cooperatives (Identify each requested utility and cooperative):
- Geographic Area of one or more Independent Organization within Texas (e.g. ERCOT) (Identify each organization):
- Specific Geographic Area. (Identify on Attachment B-1 the Zip Codes defining the requested service area.):

**(b). Option 2 REP – Service Area by Customer (Select Only One)**

- Provide as Attachment B-2 the affidavit from each customer required by §25.109(d)(2). (Identify the customer):

**(c). Option 3 REP – Service Area by Customer (Select Only One)**

- Provide as Attachment B-3 the affidavit which states that the Applicant is in compliance with §25.107(d)(3), §25.109, §25.211, and §25.212 (Registration of PGC, Registration of Distributed Generation, and compliance with National electric safety code and local building codes.) (Identify the entities involved):

**PART C – FINANCIAL REQUIREMENTS**

**C-1. Access to Capital – An Applicant must choose one of the three methods below to demonstrate that the Applicant meets the capital requirements stated in §25.107(f)(1)**

- Investment Grade Credit Rating.** If the Applicant elects 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)

ORIGINAL

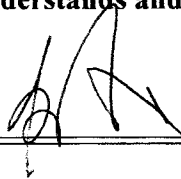
State of: TEXAS §

§

County of: HARRIS §

My name is Bray Dohrwardt . I am the Vice President of the Applicant .

I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Retail Electric Provider Certificate are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements applicable to a Retail Electric Provider.



Signature Title

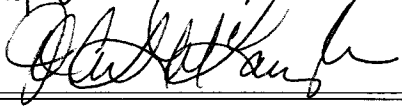
Bray Dohrwardt

Typed or Printed Name

Secretary - Direct Energy Business, LLC

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 26th day of August, 2014.



Notary Public in and For the State of Texas.

My commission expires on: 4/23/2017.



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