

Control Number: 42906



Item Number: 1

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42906



Public Utility Commission of Texas

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

Austin, Texas 78711-3326

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PUBLIC UTILITY COMMISSION
FILING CLERK

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

DOCKET NUMBER:

Applicant
Applicant Name: VOLT ELECTRICITY PROVIDER,LP
Second Applicant Name (if required):
Type of Certification
(a) Check only one of the following.
<input checked="" type="checkbox"/> New REP Option 1 Certification
<input type="checkbox"/> New REP Option 2 Certification
<input type="checkbox"/> New REP Option 3 Certification
<input type="checkbox"/> REP Amendment [REP Certification No.:]
(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"/> Change in Ownership/Control
<input type="checkbox"/> Change in Service Area
<input type="checkbox"/> Change in Type of Provider
<input type="checkbox"/> Relinquishment of Certification
<input type="checkbox"/> Corporate Restructuring
<input type="checkbox"/> Change in Technical/Managerial Qualifications
<input type="checkbox"/> Change in Financial Qualifications
<input type="checkbox"/> Other (Explain in "c" below)
(c) Provide an explanation of the Amendment:

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Maulin Patani		Title: Partner	
Street or Mailing address: 9950 Cypresswod Dr			
Mailing address (Suite, Floor or Room): Suite 208			
City: Houston		State: TX	Zip Code: 77070
Phone No.: (281) 809-4600	Fax No.: (281) 809-4601	Toll Free No.: (866) 340-8658	
Email: mpatani@voltep.com		Web Address: www.voltep.com	

A-2. Authorized Representative Contact Information

Contact Name: Maulin Patani		Title: Partner	
Street or Mailing address: 9950 Cypresswod Dr			
Mailing address (Suite, Floor or Room): Suite 208			
City: Houston		State: TX	Zip Code: 77070
Phone No.: (281) 809-4600	Fax No.: (281) 809-4601	Toll Free No.: (866) 340-8658	
Email: mpatani@voltep.com		Web Address: www.voltep.com	

A-3. Regulatory Representative Contact Information

Contact Name: Maulin Patani		Title: Partner	
Street or Mailing address: 9950 Cypresswod Dr			
Mailing address (Suite, Floor or Room): Suite 208			
City: Houston		State: TX	Zip Code: 77070
Phone: (281) 809-4600	Fax No.: (281) 809-4601	Toll Free No.: (866) 340-8658	
Email: mpatani@voltep.com		Web Address: www.voltep.com	

A-4. Complaint Representative Contact Information

Contact Name: Kristee Santucci		Title: Partner	
Street or Mailing address: 9950 Cypresswod Dr			
Mailing address (Suite, Floor or Room): Suite 208			
City: Houston		State: TX	Zip Code: 77070
Phone No.: (281) 809-4600	Fax No.: (281) 809-4601	Toll Free No.: (866) 340-8658	
Email: ksantucci@voltep.com		Web Address: www.voltep.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(c). 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: Maulin Patani		TITLE: Partner	
Office No: (281) 809-4600	Fax No: (281) 809-4601	Toll Free No: (866) 340-8658	
Cell No: (713) 775-5591		Home No: (832) 495-4575	
EMAIL: mpatani@voltep.com		WEBSITE: www.voltep.com	

SECONDARY CONTACT: Kristee Santucci		TITLE: Partner	
Office No: (281) 809-4600	Fax No: (281) 809-4601	Toll Free No:	
Cell No: (832) 922-3145		Home No: (281) 255-0648	
EMAIL: ksantucci@voltep.com		WEBSITE: www.voltep.com	

TERTIARY CONTACT: Maulin Patani		TITLE: Partner	
Office No: (281) 809-4600	Fax No: (281) 809-4601	Toll Free No: (866) 340-8658	
Cell No: (713) 775-5591		Home No: (832) 495-4575	
EMAIL: mpatani@voltep.com		WEBSITE: www.voltep.com	

A-6. Principal Company Information
(a). Physical Address

Company Name: Volt Electricity Provider, LP		
Primary Contact: Maulin Patani		Title: Partner
Physical Address: 9950 Cypresswood Dr, Suite 208		
City: Houston	State: TX	ZIP: 77070
Email: mpatani@voltep.com		Website: www.voltep.com
Phone: (281) 809-4600	Fax: (281) 809-4601	Toll Free: (866) 340-8658

(b). Mailing Address (if different from Physical Address)

Company Name:		
Contact:		Title:
Mailing Address:		
City:	State:	ZIP:
Email:		Website:

(c). Texas Office Address

Company Name: Volt Electricity Provider, LP		
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Contact: Maulin Patani		Title: Partner	
Address: 9950 Cypresswood Dr, Suite 208			
City: Houston		State: TX	
		ZIP: 77070	
Email: mpatani@voltep.com		Website: www.voltep.com	
Phone: (281) 809-4600		Fax: (281) 809-4601	
		Toll Free: (866) 340-8658	

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

Name: Maulin Patani	Title: Partner	Phone: (281) 809-4600	Email: mpatani@voltep.com
Name: Kristee Santucci	Title: Partner	Phone: (281) 809-4600	Email: Ksantucci@voltep.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

A-8. Certificated Name(s)

(a). Primary Name on Certificate

Primary Certificate Name: Volt Electricity Provider, LP

Texas Secretary of State (or County) File Number: 801844797

Date and State where Business was established: 09/05/2013

Texas Comptroller's Tax ID. Number: 32051894874

Other Applicable Certification/File Numbers: N/A

(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)

Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:
Name:	Texas SoS File No.	Date Active:

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

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): ERCOT
- 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)

demonstrating an Investment Grade Credit Rating. If the Applicant relies 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).

Tangible Net Worth. If the Applicant elects 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 the Applicant relies 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).

Shareholders' Equity and Letter of Credit. If the Applicant elects 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 §25.107(f)(4)(F) demonstrating Shareholders' Equity of not less than \$1,000,000 and an irrevocable stand-by Letter of Credit payable to the Commission of \$500,000. If the Applicant believes that it is exempt from the Shareholders' Equity requirement under §25.107(f)(1)(B)(iii), include in Attachment C-1 the documentation required by §25.107(f)(4)(F) and provide documentation demonstrating that the Applicant began serving load on or before January 1, 2009.

C-1 is filed as Confidential

C-2. Protection of Customer Deposits. An Applicant 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. Does the Applicant wish to have the option of collecting deposits or advance payments from customers? If Yes, provide as Attachment C-2 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.

Yes No. Will the Applicant comply with §25.107(f)(5), relating to financial standards required of REPs for the billing and collection of transition charges?

C-4. Financial History – (Insolvency, Bankruptcy, Dissolution, Merger or Acquisition).

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. Financial Reporting Year.

Identify the last month and day of the fiscal reporting year of the applicant and its guarantor, if applicable.

Date: Dec-31-2013

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. Customer Service.

- 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). Are you current with your ERCOT testing obligation?

- Yes No. If No, provide an explanation as Attachment D-2B.

- (c). Have you defaulted on the Load Serving Entity (LSE) Agreement?

- Yes No. If Yes, provide an explanation as Attachment D-2C.

- (d). Are you providing Outage Notification as required by §25.107(g)(1)(G)?

- Yes No. If No, provide an explanation as Attachment D-2D.

- (e). Do you agree to comply with all system rules established by the Independent System Operator (ISO) as required by §25.107(g)(2)(F)?

- Yes No. 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-3 is filed as Confidential

D-4. Competitive Electric or Gas Industry Experience. Provide as Attachment D-4 the following information for each of the Principals and Permanent Employees whom the Applicant relies upon to demonstrate compliance with §25.107(f)(1)(D) to meet the combined competitive work experience requirement of at least 15 years.

- (a). Name, Title, Phone Number, Email Address, Type of Experience, Number of Years of Experience, and the Number of Years of Employment with the Applicant of each Principal and Permanent Employee that the Applicant relies upon to meet this requirement.
- (b). For Principal(s) or Permanent Employee(s) with previous employment history in the competitive Electric or Gas Industries provide the Name, Previous Employer, Title, Employment Period and a contact name and number that will verify the previous employment information. Commission Staff may follow up its initial review of the work experience information with a request for additional information or a telephone interview for work experience verification.
- (c). If any person that you rely upon to meet the 15-year experience requirement was a Principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR), identify the person(s), their title at that time, the name of the REP(s) that experienced the mass transition and the date upon which the transition occurred.

D-4 is filed as Confidential

D-5. Risk Management Experience. Provide as Attachment D-5 the following information to demonstrate compliance with §25.107 (g)(1)(E) to meet the 5 or more years of energy commodity risk management requirement.

- (a). The Name, Title, Phone Number and Email Address of the Principal or Permanent Employee that the Applicant relies upon to meet the energy commodity risk management requirement, or the Name, Title, Phone Number and Email Address of the Contact Person for the risk management services company that will provide energy commodity risk management services pursuant to the terms of a two-year contract with the Applicant.
- (b). Any information or documentation necessary to substantiate a claim that the Principal(s), Permanent Employee(s), or Risk Management Services Company have the required minimum of 5 years of energy commodity risk management experience, including but not limited to a resume that provides employment history in the energy commodity risk management field; which at a minimum includes job titles or classifications, descriptions 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 work experience information with a request for additional information or a telephone interview for work experience verification.

D-5 is filed as Confidential

D-6. Provide as Attachment D-6 a brief explanation of how you plan to provide adequate staffing to meet all service level commitments.

D-6 is filed as Confidential

D-7. Complaint History, Disciplinary Record and Compliance Record. Provide as Attachment D-7 the information required by §25.107(g)(2)(B). If you have "Nothing to Report", please indicate below.

Nothing to Report.

D-8. Investigations, Penalties and Violations of Deceptive Trade or Consumer Protection Laws and Regulations. Provide as Attachment D-8 the information required by §25.107(g)(2)(D). If you have "Nothing to Report", please indicate below.

Nothing to Report.

D-9. Convictions and Liabilities for Fraud, Theft, Larceny, Deceit and Violations of Securities Laws, Customer Protection Laws and Deceptive Trade Laws. Provide as Attachment D-9 the information required by §25.107(g)(2)(E). If you have "Nothing to Report", please indicate below.

Nothing to Report.

D-10. Provide the Name and PUC Certification Number for each of the Applicant's affiliates that are certificated to provide electric service in Texas. To report more than five affiliates provide additional affiliates as Attachment D-10.

Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.
Affiliate Name:	PUC Certification No.

D-11. Provide as Attachment D-11 any other evidence in support of your plans to meet the requirements of 25.107(g) that you would like considered. If you have "No Additional Information to Report", please indicate below.

No Additional Information to Report.

PART E – RELINQUISHMENT OF CERTIFICATION

E-1. Provision of Notice - 45 days prior to REP Relinquishment of Certification.

(a). Date that the REP satisfied or will satisfy the notice requirements of §25.107(i)(6).

Date:

(b). Date that the REP intends to cease operations.

Date:

E-2. Customer Notice of REP Relinquishment of Certification. Did the REP notify all of its customers that it intends to cease operations?

Yes No. If Yes, provide a representative copy of the Customer Notice as Attachment E-2. If No, provide an explanation as Attachment E-2.

E-3. Other Notices of REP Relinquishment of Certification. Did the REP notify the relevant ISO (e.g. ERCOT), the PUC's Customer Protection Division, the Texas Comptroller's Office, the Texas Secretary of State, and the Administrator of the Texas Universal Service Fund that the REP intends to cease operations?

Yes No. If No, provide an explanation as Attachment E-3.

E-4. Customer Deposits and Credits. Provide as Attachment E-4 proof that the REP has refunded any monies owed to customers.

ATTACHMENT D-2A

Qualified Scheduling Entity (QSE)

Term of Service Agreement: Volt Electricity Provider, LP plans to utilize a 3rd party QSE

Date Service Agreement Began: To Be Determined

Company Name: To Be Determined

Contact: _____ **Title:** _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____ **Website:** _____

Phone: _____ **Fax:** _____ **Toll Free:** _____

Term of Service Agreement: To Be Determined

Date Service Agreement Began: To Be Determined

Company Name: To Be Determined

Contact: _____ **Title:** _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____ **Website:** _____

Phone: _____ **Fax:** _____ **Toll Free:** _____

Term of Service Agreement: To Be Determined

Date Service Agreement Began: To Be Determined

Company Name: To Be Determined

Contact: _____ **Title:** _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____ **Website:** _____

Phone: _____ **Fax:** _____ **Toll Free:** _____

State of: Texas §

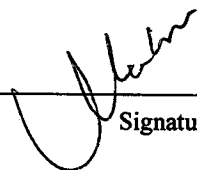
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County of: Harris §

My name is Maulinkumar Patani. I am the Key Personnel ^(Partner) of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a Retail Electric Provider (REP), that I am competent to testify to those facts, 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 are true and correct.

I swear or affirm that the Applicant has provided all information as an attachment to this application regarding any current principal or permanent employee that was a principal of a REP that experienced a mass transition of its customers to a Provider of Last Resort (POLR). Included in such information will be a disclosure of any settlements regarding outstanding debts defaulted upon by such principal's REP, including the return of any owed customer deposits and any additional relevant information related to that default.



Signature

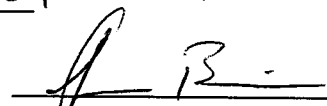
Maulin Patani

Typed or Printed Name

Partner

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 08/28/14



Notary Public in and For the State of TX.

My commission expires on: May 18, 2016.

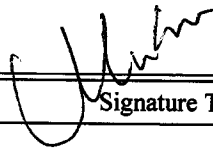
State of: Texas §

§

County of: Harris §

My name is Maulinkumar Patani. I am the Key Personnel (Partner) 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


Maulin Patani

Typed or Printed Name

Partner

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 08/28/14


Notary Public in and For the State of TX

My commission expires on: May 18, 2016.

