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APPLICATION OF OCCIDENTAL § PUBLIC UTILITY COMMISSION
POWER SERVICES, INC. FOR §
AMENDMENT TO A RETAIL ELECTRIC § OF TEXAS
PROVIDER CERTIFICATION §

TITLE PAGE

Name of Applicant: Occidental Power Services, Inc.

Authorized Company Representative:

Representative Name: Jean M. Hall
Representative Title: Vice President-Trading and Operations
Representative Address: 5 Greenway Plaza
(Suite, Floor, Apartment Number, etc.): Suite 110
(City, State, Zip Code): Houston, Texas 77046
Representative Phone Number: 713-215-7960
Representative Fax Number: 713-985-1622
Representative Email Address: jean_hall@oxy.com

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1 (a) Type of application (check only one):

- Application for New Option 1 REP Certification
- Application for New Option 2 REP Certification
- Amendment to Existing REP Certification No. 10160

(b) If you are filing an amendment, check one or more of the following amendment categories requested in this filing:

Option 1 REP

- Name Change
- Change in Ownership or Control
- Corporate Restructuring
- Transfer of Certificate
- Change in Service Area
- Change in Technical/Managerial Qualifications
- Change in Financial Qualifications
- Cessation of Operations
- Other (Explain below):

Option 2 REP

- Name Change
- Change in Ownership or Control
- Corporate Restructuring
- Transfer of Certificate
- Change in Technical/Managerial Qualifications
- Change in Financial Qualifications
- Cessation of Operations
- Other (Explain below):
OPSI is voluntarily relinquishing its REP certificate.

(c) Provide a summary explanation of all items checked in “b” above.
OPSI does not serve any customers and is therefore voluntarily relinquishing its REP certificate.

A-2 Provide required contact information:

(a) **Company Physical Address:**
Certificated/Primary Company Name: Occidental Power Services, Inc.

Company Contact: Jean M. Hall
Contact Title: Vice President-Trading and Operations
Company/Physical Address (Street Address): 5 Greenway Plaza
(Suite, Floor, Apartment Number, etc.): Suite 110
(City, State, Zip Code): Houston, TX 77046-0521
Company Phone Number: 713-215-7000
Toll-free customer service telephone number: 713-215-7000
Fax number: 713-985-1622
Website address: www.oxy.com
Email address: jean_hall@oxy.com

(b) **Mailing Address (If Different from Company Physical Address):**

Company Contact: _____
Contact Title: _____
(Street/P.O. Box): _____
(City, State, Zip Code): _____

(c) **Texas Office Address:**

Company Contact: Same as above
Contact Title: _____
Company/Physical Address (Street Address): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Company Phone Number: _____
Toll-free customer service telephone number: _____
Fax number: _____
Website address: _____
Email address: _____

(d) **Regulatory Contact Information:**

Regulatory Contact Name: Same as above
Regulatory Contact Title: _____
Regulatory Contact Address: _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Regulatory Contact Phone Number: _____
Regulatory Contact Fax Number: _____
Regulatory Contact Email Address: _____

(e) **Complaint Contact Information:**

Contact Name: Scott Wardle
Contact Title: Associate VP ERCOT Region
Required Contact Address: 5 Greenway Plaza
(Suite, Floor, Apartment Number, etc.): Suite 110
(City, State, Zip Code): Houston, TX 77046-0521
Contact Phone Number: 713-215-7142
Contact Fax Number: 713-215-1622

Contact Email Address: scott_wardle@oxy.com

Preferred Complaint Email Address: _____

- (f) Officers, Directors and Principals. Provide as Attachment A-2 the name, title, address, phone number, facsimile number and email address of each of the applicant's officers, directors and principals.

A-3. Name(s) on certificate.

- (a) State the Certificated Name of the Applicant. If the applicant is requesting a Certificated Name or the addition of a d/b/a name, provide verification of each authorization to conduct business in Texas. If the applicant is a corporation, partnership, or limited liability company, provide a copy of the Office of the Secretary of State Certificate of Filing or provide the file number and the date of authorization for each requested name. If the applicant is a Sole Proprietorship, provide a copy of the County Certificate of Filing or provide the name of the county, file number, and date of authorization for each requested name.

Certificated Name: Occidental Power Services, Inc.

File Number: _____ Date: _____ (For new Certificated Names Only)

EXISTING Approved d/b/as (if applicable):

- (1)
- (2)
- (3)
- (4)
- (5)

REQUESTED d/b/as (if applicable)

- (1) Requested d/b/a: _____
File Number: _____ Date: _____
- (2) Requested d/b/a: _____
File Number: _____ Date: _____
- (3) Requested d/b/a: _____
File Number: _____ Date: _____
- (4) Requested d/b/a: _____
File Number: _____ Date: _____
- (5) Requested d/b/a: _____
File Number: _____ Date: _____

DELETION of d/b/as (if applicable):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

(b) Form of business (check one):

Corporation Partnership _____ Private Company _____
 Limited Liability Company _____ Sole Proprietorship _____
 Other (specify) _____

PART B – SERVICE AREA

Indicate the requested service area below:

(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 (TDU), 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

- _____ Provide as Attachment B-2 the affidavit from each customer required by §25.107(d)(2).

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 of §25.107(f)(1).

- _____ (a) 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).

_____ (b) 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).

_____ (c) 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 (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-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 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 Identify the last month and day of the fiscal reporting year of the applicant and its guarantor, if applicable.

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 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. Yes ___ No ___ Are you current with your ERCOT testing obligation? If no, provide an explanation as Attachment D-2B.
 - c. Yes ___ No ___ Have you defaulted on the Load Serving Entity (LSE) Agreement? If yes, provide an explanation as Attachment D-2C.
 - d. Yes ___ No ___ Are you providing Outage Notification as required by §25.107(g)(1)(G)? If no, provide an explanation as Attachment D-2D.
 - e. Yes ___ No ___ Do you agree to comply with all system rules established by the independent system operator as required by §25.107(g)(2)(F)? 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-4 Competitive electric or gas industry experience. Provide as Attachment D-4 the following information for each of the principals and permanent employees whose experience the applicant relies upon to meet the requirements of §25.107(g)(1)(D):
- (1) The name, title, telephone number, email address, type of experience, number of years of experience, number of years with the applicant of each principal and permanent employee that the applicant relies upon to meet this requirement.

(2) Any information or documentation necessary to substantiate a claim that the principal or permanent employee has the required experience, including but not limited to a resume that provides employment history in the competitive electric or gas industries and includes job titles or classifications, a description of the types of experience, and the contact information of former and current employers. Commission Staff may follow up its initial review of this information with a request for additional information or a telephone interview.

(3) If any person that you rely upon to meet this 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 and the name of the REP or REPs that experienced a mass transition.

D-5 Risk Management Experience. Provide as Attachment D-5 the following information to demonstrate compliance with §25.107(g)(1)(E):

(1) The name, title, telephone number, and email address of the principal or permanent employee that the applicant relies upon to meet this requirement, or the contact person, contact person telephone number, and contact person email address of 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.

(2) Any information or documentation necessary to substantiate a claim that the principal, permanent employee, or risk management services company has the required experience, including but not limited to a resume that provides employment history in energy commodity risk management and includes job titles or classifications, a description 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 this information with a request for additional information or a telephone interview.

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-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 state "None" in the following blank: _____

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 state "None" in the following blank: _____

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 state "None" in the following blank: _____

D-10 Provide below the name and PUC certification number for each of the Applicant's affiliates that are certificated to provide electric service in Texas:

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 nothing to report, please state "None" in the following blank: _____

PART E – CESSATION OF OPERATIONS

E-1 **Provision of Notice 45 Days Prior to REP Cessation of Operations.**

(a) Date that the REP satisfied or will satisfy the notice requirements of §25.107(i)(6):
N/A

(b) Date that the REP intends to cease operations: N/A

E-2 Customer Notice of REP Cessation of Operations.

Yes ___ No X Did the REP notify all of its customers that it intends to cease operations? If yes, provide as Attachment E-2 a representative copy of the notification sent to each customer. If no, provide an explanation as Attachment E-2.

E-3 Other Notices of REP Cessation of Operations.

Yes ___ No X Did the REP notify the relevant ISO (e.g., ERCOT), the Commission'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?¹ 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.

¹ The contact information for these entities may be found in the Appendix to this form.

AFFIDAVIT

STATE OF Texas §
 §
COUNTY OF Harris §

1. My name is Jean M. Hall. I am
Vice President-Trading and Operations (Executive Officer) of the Applicant
Occidental Power Services, Inc.

2. I swear or affirm that I have personal knowledge of the facts stated in this application for, or amendment to, a 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 understands and will comply with all requirements applicable to a Retail Electric Provider.

Jean M. Hall
Signature

Jean M. Hall

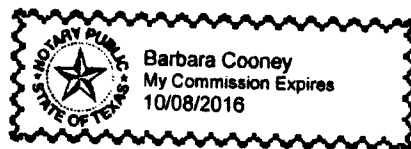
Typed or Printed Name
Vice President-Trading and Operations

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 15th day of January, 2015.

Barbara Cooney
Notary Public In and For the
State of: Texas

My commission expires: 10-08-2016



ATTACHMENT D-2A

Qualified Scheduling Entity (QSE)

Term of Service Agreement: _____
Date Service Agreement Began: _____
Contact Person: _____
Title: _____
Address: _____
City: _____
State: _____
Company phone number: _____
Facsimile number: _____
Email Address: _____

ATTACHMENT D-3

Third Party Entities or Consultants relied upon to meet technical qualifications

Type of Service Provided: (Billing, Customer Service, Etc.) _____
Term of Service Agreement: _____
Date Service Agreement Began: _____
Number of years of Experience: _____
Type of Experience: _____
Company Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____
State: _____
Company phone number: _____
Facsimile number: _____
Email Address: _____

Type of Service Provided: (Billing, Customer Service, Etc.) _____
Term of Service Agreement: _____
Date Service Agreement Began: _____
Number of years of Experience: _____
Type of Experience: _____
Company Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____
State: _____
Company phone number: _____
Facsimile number: _____
Email Address: _____

APPENDIX – NOTICE CONTACT INFORMATION

ELECTRIC RELIABILITY COUNCIL OF TEXAS (ERCOT)

*Send email announcing relinquishment of REP certification with a copy of the Relinquishment Application and Docket Number (if known) attached: mpappl@ercot.com
If you have any questions, please contact Ms. Tisa Weston, External Relations Specialist, Office
Phone 512-225-7080 and Fax number 512-225-7090.*

TEXAS COMPTROLLER'S OFFICE

Inheritance and Miscellaneous Tax Section

111 East 17th Street

P.O. Box 13528

Austin, Texas 78711-3528

Office No.: (512) 463-4276

Fax Number: (800)531-5441 ext. 34276

miscellaneous.taxes@cpa.state.tx.us

TEXAS SECRETARY OF STATE

Corporation Information

19 Brazos Street

P.O. Box 13697

Austin, Texas 78711-3697

Office No.: (512) 463-5555

File Number: (512) 463-5555

corpinfo@sos.state.tx.us

LIDA ADMINISTRATOR

Solix, Inc.

State Program Operations

30 Lanidex Plaza West

P.O. Box 685

Parsippany, New Jersey 07054

973-581-5052 - Voice

877-215-8018 - Fax

mmaciej@solixinc.com

Public Utility Commission of Texas

System Benefit Fund

1701 North Congress Avenue

P.O. Box 13326

Austin, Texas 78711-3326

(512)-936-7002

Fax Number: (512)-936-7058

LIDAAdmin@puc.state.tx.us

Attachment A-2

Occidental Power Services, Inc.

Officers

Jennifer Buchanan
Vice President
110 W 7th St, Tulsa, OK 74119
Phone: 981-561-2853
Fax: 713-985-1111
Jennifer_Buchanan@oxy.com

Jean M. Hall
Vice President- Trading and Operations
5 Greenway Plaza, Ste 110, Houston, TX 77046
Phone: 713-215-7960
Jean_Hall@oxy.com

Ronald Wayne Kleb
Vice President
3 Greenway Plaza, Houston, TX 77046
Phone: 713-840-3028
Ron_Kleb@oxy.com

Tushar Patel
Vice President- Trading Control Officer
5 Greenway Plaza, Ste 110, Houston, TX 77046
Phone: 713-350-4665
Tushar_Patel@oxy.com

Linda S. Peterson
Vice President and Secretary
10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6189
Linda_Peterson@oxy.com

Bernard F. Figlock, III
Treasurer
10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6519
Ben_Figlock@oxy.com

Andres Sobrino
Assistant Vice President
5 Greenway Plaza, Ste 110, Houston, TX 77046
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Andres_Sobrino@oxy.com

Michael P. Miller
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10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6571
Michael_P_Miller@oxy.com

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Assistant Secretary
3 Greenway Plaza, Houston, TX 77046
Phone: 713-840-3064
George_Hargett@oxy.com

Stephen P. Parise
Assistant Secretary
10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6541
Steve_Parise@oxy.com

Directors

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Vice President and Secretary
10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6189
Linda_Peterson@oxy.com

Michael P. Miller
Assistant Treasurer
10889 Wilshire Blvd, Los Angeles, CA 90024
Phone: 310-443-6571
Michael_P_Miller@oxy.com

Attachment E-2

Customer Notice of REP Cessation of Operations

Occidental Power Services, Inc. does not serve any customers in Texas so no customer notifications are necessary.

Attachment E-3

Other Notices of REP Cessation of Operations

Occidental Power Services, Inc. (OPSI) will provide notice of its application to ERCOT. However, OPSI intends to remain in business for other purposes in Texas. Therefore, no other notices will be provided.

Attachment E-4

Customer Deposits and Credits

Occidental Power Services, Inc. does not serve any customers in Texas so there are no monies owed to customers.