



Control Number: 48866



Item Number: 1

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Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326

Austin, Texas 78711-3326

512-936-7000 • (Fax) 512-936-7003

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

DOCKET NUMBER:

48866

Applicant

Applicant Name: Pumpjack Power, LLC

Second Applicant Name (if required):

Type of Certification

(a) Check only one of the following.

- ☐ New REP Option 1 Certification
- ☐ New REP Option 2 Certification
- ☐ New REP Option 3 Certification

☒ REP Amendment [REP Certification No.:] 10232

(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 | |

(c) Provide an explanation of the Amendment: Customer Change (Addition)

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Joshua Runion	Title: President	
Street or Mailing address: P.O. Box 341227		
Mailing address (Suite, Floor or Room):		
City: Austin	State: TX	Zip Code: 78734
Phone No.: 512-422-8448	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: jrunion@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-2. Authorized Representative Contact Information

Contact Name: Joshua Runion	Title: President	
Street or Mailing address: P.O. Box 341227		
Mailing address (Suite, Floor or Room):		
City: Austin	State: TX	Zip Code: 78734
Phone No.: 512-422-8448	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: jrunion@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-3. Regulatory Representative Contact Information

Contact Name: Joshua Runion	Title: President	
Street or Mailing address: P.O. Box 341227		
Mailing address (Suite, Floor or Room):		
City: Austin	State: TX	Zip Code: 78734
Phone: 512-422-8448	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: jrunion@pumpjackpower.com	Web Address: www.pumpjackpower.com	

A-4. Complaint Representative Contact Information

Contact Name: Joshua Runion	Title: President	
Street or Mailing address: P.O. Box 341227		
Mailing address (Suite, Floor or Room):		
City: Austin	State: TX	Zip Code: 78734
Phone No.: 512-422-8448	Fax No.: 866-644-5660	Toll Free No.: 877-208-8675
Email: jrunion@pumpjackpower.com	Web Address: www.pumpjackpower.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: Joshua Runion		TITLE: President	
Office No: 512-422-8448	Fax No: 866-644-5660	Toll Free No: 877-208-8675	
Cell No:		Home No:	
EMAIL: jrunion@pumpjackpower.com		WEBSITE: www.pumpjackpower.com	
SECONDARY CONTACT: Krissy Hamm		TITLE: Secretary	
Office No: 512-422-8448	Fax No: 866-644-5660	Toll Free No: 877-208-8675	
Cell No:		Home No:	
EMAIL: support@pumpjackpower.com		WEBSITE: www.pumpjackpower.com	
TERTIARY CONTACT: Joshua Runion		TITLE: President	
Office No: 512-422-8448	Fax No: 866-644-5660	Toll Free No: 877-208-8675	
Cell No:		Home No:	
EMAIL: jrunion@pumpjackpower.com		WEBSITE: www.pumpjackpower.com	
A-6. Principal Company Information			
(a). Physical Address			
Company Name: Pumpjack Power			
Primary Contact: Joshua Runion		Title: President	
Physical Address: 20308 HWW 71W., Suite 6A			
City: Spicewood	State: TX	ZIP: 78669	
Email: info@pumpjackpower.com		Website: www.pumpjackpower.com	
Phone: 512-201-1059	Fax: 866-644-5660	Toll Free: 877-208-8675	
(b). Mailing Address (if different from Physical Address)			
Company Name: Pumpjack Power			
Contact: Joshua Runion		Title: President	
Mailing Address: P.O. Box 341227			
City: Austin	State: TX	ZIP: 78734	
Email: info@pumpjackpower.com		Website: www.pumpjackpower.com	
(c). Texas Office Address			
Company Name: Pumpjack Power			

Contact: Joshua Runion		Title: President	
Address: 20308 HWY 71 West., Suite 6A			
City: Spicewood	State: TX		ZIP: 78669
Email: jrunion@pumpjackpower.com		Website: www.pumpjackpower.com	
Phone: 512-201-1059	Fax: 866-644-5660		Toll Free: 877-208-8675

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

Name: Joshua Runion	Title: President	Phone: 512-422-8448	Email: jrunion@pumpjackpower.com
Name:	Title:	Phone:	Email:
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: Pumpjack Power, LLC

Texas Secretary of State (or County) File Number: 802697890

Date and State where Business was established: 04-13-2017

Texas Comptroller's Tax ID. Number: 32063470994

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)

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):
- ☐ 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): Multiple

(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-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:

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-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-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-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 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.

State of: Texas

§

§

County of: Travis

§

My name is Joshua Runion. I am the President of the Applicant.

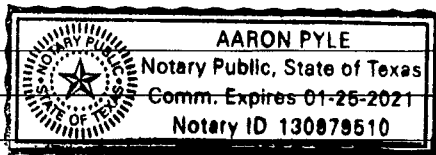
I swear or affirm that I have personal knowledge of the facts stated in this Application for a Retail Electric Provider Certificate that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements 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

Joshua Runion
Typed or Printed Name

President
Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 14th DAY OF AUGUST, 2018.



Aaron S. Pyle
Notary Public in and For the State of TEXAS

My commission expires on: 01/25/2021