



Control Number: 49444



Item Number: 1

Addendum StartPage: 0



Public Utility Commission of Texas

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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: 49444

Applicant

Applicant Name: HERITAGE 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.:] 10251

(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 checked="" type="checkbox"/> Change in Financial Qualifications |
| <input type="checkbox"/> Change in Type of Provider | <input type="checkbox"/> Other (Explain in "c" below) |
| <input type="checkbox"/> Relinquishment of Certification | |

(c) Provide an explanation of the Amendment:

Heritage Power wants to Opt In to take customer deposits. We have have established a segregated account for this.

PART A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Application Contact Information

Contact Name: Mike Tackett		Title: President	
Street or Mailing address: PO BOX 5370			
Mailing address (Suite, Floor or Room):			
City: McAllen		State: TX	Zip Code: 78502
Phone No.: (888) 551-0373		Fax No.: (956) 457-5181	Toll Free No.: (888) 551-0373
Email: mike.tackett@heritagepower.com		Web Address: www.heritagepower.com	

A-2. Authorized Representative Contact Information

Contact Name: Mike Tackett		Title: President	
Street or Mailing address: PO BOX 5370			
Mailing address (Suite, Floor or Room):			
City: McAllen		State: TX	Zip Code: 78502
Phone No.: (888) 551-0373		Fax No.: (956) 457-5181	Toll Free No.: (888) 551-0373
Email: mike.tackett@heritagepower.com		Web Address: www.heritagepower.com	

A-3. Regulatory Representative Contact Information

Contact Name: Lowanda Sanchez		Title: Director	
Street or Mailing address: PO BOX 5370			
Mailing address (Suite, Floor or Room):			
City: McAllen		State: Texas	Zip Code: 78502
Phone: (888) 551-0373		Fax No.: (956) 457-5181	Toll Free No.: (888) 551-0373
Email: lowanda.sanchez@heritagepower.com		Web Address: www.heritagepower.com	

A-4. Complaint Representative Contact Information

Contact Name: Lowanda Sanchez		Title: Director	
Street or Mailing address: PO BOX 5370			
Mailing address (Suite, Floor or Room):			
City: McAllen		State: Texas	Zip Code: 78502
Phone No.: (888) 551-0373		Fax No.: (956) 457-5181	Toll Free No.: (888) 551-0373
Email: lowanda.sanchez@heritagepower.com		Web Address: www.heritagepower.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: Mike Tackett		TITLE: President	
Office No: (888) 551-0373	Fax No: (956) 457-5181	Toll Free No: (888) 551-0373	
Cell No: (325) 660-5877		Home No:	
EMAIL: mike.tackett@heritagepower.com		WEBSITE: www.heritagepower.com	
SECONDARY CONTACT: Andy Miller		TITLE: Vice President	
Office No: (888) 551-0373	Fax No: (956) 457-5181	Toll Free No: (888) 551-0373	
Cell No: (325) 660-5877		Home No:	
EMAIL: andy.miller@heritagepower.com		WEBSITE: www.heritagepower.com	
TERTIARY CONTACT:		TITLE:	
Office No:	Fax No:	Toll Free No:	
Cell No:		Home No:	
EMAIL:		WEBSITE:	

A-6. Principal Company Information

(a). Physical Address

Company Name: Heritage Power LLC		
Primary Contact: Mike Tackett		Title: President
Physical Address: 3900 N 10th St; Suite 910		
City: McAllen	State: Texas	ZIP: 78501
Email: info@heritagepower.com		Website: www.heritagepower.com
Phone: (888) 551-0373	Fax: (956) 457-5181	Toll Free: (888) 551-0373

(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: Heritage Power LLC

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Contact: Mike Tackett		Title: Preident	
Address: PO BOX 5307			
City: McAllen		State: Texas	
		ZIP: 78502	
Email: mike.tackett@heritagepower.com		Website: www.hertiagepower.com	
Phone: (888) 551-0373		Fax: (956) 457-5181	
		Toll Free: (888) 551-0373	

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

Name: Mike Tackett	Title: President	Phone: (888) 551-0373	Email: mike.tackett@heritagepower.com
Name: Andy Miller	Title: V President	Phone: (888) 551-0373	Email: andy.miller@heritagepower.com
Name: Lowanda Sanchez	Title: Director	Phone: (888) 551-0373	Email: lowanda.sanchez@heritagepower.com
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

A-8. Certificated Name(s)
(a). Primary Name on Certificate

Primary Certificate Name:

Texas Secretary of State (or County) File Number:

Date and State where Business was established:

Texas Comptroller's Tax ID. Number:

Other Applicable Certification/File Numbers:

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

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:		

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)

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 demonstration 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. A n 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: 12/31/2017



State of: Texas §

§

County of: _____ §

My name is Mike Tackett . 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.

[Handwritten Signature]
RESIDENT

Signature Title

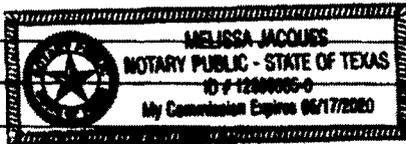
Michael Tackett

Typed or Printed Name

[Handwritten Signature]

Title of Signatory

SWORN TO AND SUBSCRIBED before me on the 12th April 2019



[Handwritten Signature]

Notary Public in and For the State of Texas

My commission expires on: 5/17/20

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