



Control Number: 49779



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ELECTRICITY BROKER REGISTRATION FORM

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PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

☒ This is a new broker registration

☐ This supplies information for a pending broker registration

☐ This amends an existing, completed broker registration

Provide an explanation of the amendment:

2. Authorized Representative or Attorney to contact about this application:

Name Mary F. Garcia Title Energy Broker

Business Mailing Address 29026 Birch Green Way

City Spring State TX Zip 77386

Telephone Number 832 516 0506

Email Address maryfgarcia777@gmail.com

3. Registering Entity: List the registering entity's legal business name, mailing address, telephone number, and email address.

Business Name Mary F Garcia

Mailing address 29026 Birch Green way

City Spring State TX Zip 77386

Telephone Number 832 - 516 0506

Email Address maryfgarcia777@gmail.com

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4. Description of the brokerage services provided by the registering person and type of customers served.

Description of Services:

Energy Consulting / Sales residential & Commercial

Types of Customers: Check all that apply

☒ Residential

☐ Industrial

☐ Other

☒ Commercial

☐ Municipalities

5. Other Names. List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Texas Secretary of State.

1st _____

2nd _____

3rd _____

4th _____

6. Customer Service Contact. List the telephone number, business mailing address, and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, business mailing address, email address, and telephone number of the customer service contact person.

Customer Service Department _____

Telephone Number

Email Address maryfgarcia777@gmail.com

832 576 0506

Name Mary F Garcia

Title _____

Business mailing address 29026 Birch Green Way

City Spring

State TX

Zip 77386

Telephone Number 832 576 0506

Email Address maryfgarcia777@gmail.com

7. Regulatory contact person. List the name, business mailing address, telephone number, and email address for a regulatory contact person.

Name Mary F Garcia

Title _____

Business mailing address 29026 Birch Green Way

City Spring

State TX

Zip 77386

Telephone Number 832 576 0506

Email Address maryfgarcia777@gmail.com

AFFIDAVIT

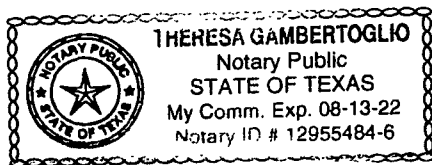
My name is Mary F Garcia I am the owner partner, or an officer (Circle One) of the Applicant.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that the applicant is authorized to do business in Texas under all applicable laws and is in good standing with the Texas Secretary of State; that all statements made in the application are true, correct and complete; and that any material changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the applicant understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

Mary F Garcia
Signature of Registering Entity's Owner, Partner, or Officer
Mary F Garcia
Printed Name

Name of Registering Entity

Sworn and subscribed before me this 28 day of February, 2020
Month Year



Theresa Gambertoglio
Notary Public in and For the State of Texas
My commission expires on 8-13-22