

# **Filing Receipt**

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### Public Utility Commission of Texas 1701 N. Congress Avenue or P.O. Box 13326 Austin, Texas 78711-3326 512-936-7000

Web address: www.puc.texas.gov

# Registration and Re-registration Form for Power Generation Companies (PGC) and Self-Generators

(In accordance with 16 Texas Administrative Code (TAC) § 25.109)

### Part A - Type of Registration Applicable to Every Registrant

| 1. Type of registration  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Check only one of the following.   |   |  |  |  |  |  |
| ☐ New power generation company (PGC) registration  | ☐ New self-generator registration                       |  |  |  |  |  |
| ☐ Amendment of PGC registration  | ☐ Amendment of self-generator registration              |  |  |  |  |  |
| ☐ PGC re-registration  | ☑ Self-generator re-registration                        |  |  |  |  |  |
| ☐ PGC compliance update  | ☐ Self-generator compliance update                      |  |  |  |  |  |
| 2. Amendments  |   |  |  |  |  |  |
| If filing an amendment, check all applicable boxes and fill in your amendment:   | only the sections of this form that are applicable to   |  |  |  |  |  |
| ☐ Name change amendment  | ☐ Facility output capacity change                       |  |  |  |  |  |
| ☐ Change in ownership/control  | ☐ New generating facility or unit of a current facility |  |  |  |  |  |
| ☐ Registration relinquishment  | ☐ Other   |  |  |  |  |  |
| Registration number:   |   |  |  |  |  |  |
| Provide a brief explanation of amendment:  |   |  |  |  |  |  |
| 3. Biannual renewal of registration – This box is not applicable until February 2024.  |   |  |  |  |  |  |
| If filing a re-registration, fill in the box below if the registrant's information has not changed from the previous registration.     |   |  |  |  |  |  |
| No information has changed from the previous registration. The Affidavit is required to be completed and filed if this box is checked. |   |  |  |  |  |  |

| 4.  | Compliance with Project No. 52796 – PGCs and self-generators already registered on, or that applied for registration before, April 26, 2023, must complete this box to come into compliance with 16 Texas Administrative Code (TAC) § 25.109 on or before June 1, 2023. |
|-----|---|
|     | filing a compliance update, provide the registrant's registration number and check the box below once the m has been completed.   |
| 101 | in has been completed.  |
| Da  | gistration number:  |

# Part B - Registration Information Applicable to Every Registrant

| 1. Registrant   |                                   |                               |  |  |  |
|---|-----------------------------------|-------------------------------|--|--|--|
| Legal business name: INV Nylon Chemie   | cals Americas, LLC                |                               |  |  |  |
| Business address: 2695 Old Bloomington Ro   | I. North                          |                               |  |  |  |
| City: Victoria  | State: TX                         | ZIP: 77905                    |  |  |  |
| Business email: Twyla.S.Sandberg@invista.com  | Business phone: (361)572-2159     |                               |  |  |  |
| Physical address (i.e. not a P.O. box), if different the<br>business address, enter "N/A". A single physical add<br>and Secondary Emergency Contacts, as required by<br>N/A | lress provided under this section |                               |  |  |  |
| City:   | State:                            | ZIP:                          |  |  |  |
| 2. Primary Emergency Contact Information  |                                   |                               |  |  |  |
| Name:   | Title:                            |                               |  |  |  |
| Business address:   |                                   |                               |  |  |  |
| City:   | State:                            | ZIP:                          |  |  |  |
| Email:  | Phone:                            |                               |  |  |  |
| 3. Secondary Emergency Contact Information  |                                   |                               |  |  |  |
| Name:   | Title:                            |                               |  |  |  |
| Business address:   |                                   |                               |  |  |  |
| City:   | State:                            | ZIP:                          |  |  |  |
| Email:  | Phone:                            |                               |  |  |  |
| 4. Regulatory Contact Information   |                                   |                               |  |  |  |
| Name:   | Title:                            |                               |  |  |  |
| Email:  | Phone:                            |                               |  |  |  |
| Check the relevant box below indicating whether the of the registrant.  ☐ Yes, the registrant's regulatory contact is an internal   |                                   | t is an internal staff member |  |  |  |
| □ No, the registrant's regulatory contact is not an internal staff member of the registrant.  |                                   |                               |  |  |  |

| 5. Description of the types of services provided by the registrant that relate to the generation of electricity   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
| 6. For qualified facilities and exempt wholesale generators, provide as an attachment a copy of any Federal Energy Regulatory Commission (FERC) registrations |  |  |  |  |
| ☐ Registrant is a qualified facility and has attached a copy of a FERC registration.  |  |  |  |  |
| ☐ Registrant is an exempt wholesale generator and has attached a copy of a FERC registration.   |  |  |  |  |
| ☐ Registrant is not a qualified facility or exempt wholesale generator.   |  |  |  |  |

## Part C - Applicable to Registration of Power Generation Companies

|   | ssion registration of the registrant's corporate parent companies amission registration then mark "N/A") (add additional pages as  |
|---|--|
| Names of Corporate Parent:                          | Type of Commission registration (if applicable):   |
| Names of Corporate Parent:                          | Type of Commission registration (if applicable):   |
| Names of Corporate Parent:                          | Type of Commission registration (if applicable):   |
| name that buy and sell electricity at who           | d affiliates of the registrant's corporate parent identified by blesale in Texas, sell electricity at retail in Texas, or is an electric in Texas (add additional pages as attachments as necessary) |
| Affiliate Name:                                     | Type of Commission registration (if applicable):   |
| Affiliate Name:                                     | Type of Commission registration (if applicable):   |
| Affiliate Name:                                     | Type of Commission registration (if applicable):   |
| 9. Interchange Project Number where re<br>of filing | egistrant's Emergency Operation Plan is filed and Item Number  |
| Project Number:                                     |  |
| Item Number:  |  |
|   |  |

#### Part D-Applicable to Every Registrant

#### AFFIDAVIT



(Must be notarized by a public notary)

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BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, who, after being duly sworn, stated on his or her oath that he or she is entitled to make this Affidavit, and that the statements contained below and in the foregoing are true and correct.

Check one of the following boxes:

☑ I am an authorized representative of the registrant, which is a self-generator and swear and affirm that either:

- ♦ (A) the company
  - (i) is not a power generation company; and
  - (ii) does not intend to generate electricity intended to be sold at wholesale; or
  - (B) if the company is a QF
    - (i) the company either does not sell electricity; or
    - (ii) provides electricity only to the purchaser of the facility's thermal output.

 $\Box$  I am an authorized representative of the registrant, which is a **power generation company** and swear and affirm that the company:

- (A) Generates electricity that is intended to be sold at wholesale;
  - (B) Does not own a transmission or distribution facility in this state other than an essential interconnecting facility, a facility not dedicated to public use, or a facility otherwise excluded from the definition of "electric utility" under 16 Texas Administrative Code § 25.5; and
  - (C) Does not have a certificated service area.

I swear and affirm that I have personal knowledge that none of registrant's principals (1) were principals of a Commission-regulated person whose license was revoked by Commission order when the person was principal, (2) were principals of any party registered with the Electric Reliably Council of Texas (ERCOT) whose standard form market participant agreement (SFA) was terminated by ERCOT for misconduct within the prior six months of when they were a principal, or (3) are otherwise prohibited by Commission order from acting as a principal of a Commission-regulated entity.

I swear and 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 registration form on behalf of the registrant. I further swear and affirm that all statements made in the registration form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear and affirm that the registrant understands and will comply with all requirements of the applicable law and rules.

Signature of Authorized Representative

ADAM REMLINACK

Printed Name

INV NYLON CHEMICALS LLC

Name of Registrant

Sworn and subscribed before me this

18th of February, 202 Day Month Year

Danelle Volkmer

Notary Public Signature

DANIELLE VOLKMER
AS Notary Public, State of Texas
Comm. Expires 05-01-2025
Notary ID 131110304

### Part E = Applicable to Every Registrant

Provide information for each generating unit. If more room is needed to list all generating units, attach additional copies of Part E.

| All Registrants        |                             |                   |   |                 |                                |                        | Self-Generators<br>Only           |
|------------------------|-----------------------------|-------------------|---|-----------------|--------------------------------|------------------------|-----------------------------------|
| Generating Unit's Name | Physical Address of<br>Unit | County<br>of Unit | Interconnecting<br>Transmission Service<br>Provider | Power<br>Region | Total Capacity<br>Rating in MW | Type(s) of Generation* | MW Consumption of Co-Located Load |
|                        |                             |                   |   |                 |                                |                        |                                   |
|                        |                             |                   |   |                 |                                |                        |                                   |
|                        |                             |                   |   |                 |                                |                        |                                   |
|                        |                             |                   |   |                 |                                | -                      |                                   |
|                        |                             |                   |   |                 |                                |                        |                                   |
|                        |                             |                   |   |                 |                                |                        |                                   |

<sup>\*</sup>i.e., biomass, wind, geothermal, solar, hydro, nuclear, landfill gas, energy storage, hydrogen, diesel, coal, natural gas, other (provide an explanation)