**OFFICIAL USE ONLY**

Indicate the payment receipt number and the corresponding amount.

*Receipt No*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Amount*: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM**

**REQUEST FOR CERTIFICATION**

**ELECTRIC POWER COMPANIES**

|  |  |  |
| --- | --- | --- |
| **New Request** | **Amended Request** | **Request to Amend** |

Instructions:

* When filling out this form, examine the provisions of Section 3.03 of Regulation No. 8701 and be sure to provide all the required information.
* Indicate N/A where the information is not applicable.
* Use Complementary Sheet (CEPR-Z01) if additional space is required.
* Include the required documents according to the Regulation No. 8701, enumerated in the Annexes section.
* Present a copy of the payment evidence when submitting this Form.

|  |
| --- |
| 1. **Electric Power Company General Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Company Name: | |  | | | | |
| 1. Type of Electric Service: | Fossil fuel or renewable energy generation with aggregated capacity of one hundred (100) MW or less | | | | | Fossil fuel or renewable energy generation with aggregated capacity of more than one hundred (100) MW |
| Distributed Generators with aggregated capacity of one (1) MW or more | | | | |  |
| Energy Storage | | | | | Electric Power Billing |
| Energy Resale | | | | | Wheeling |
| 1. Aggregated capacity of the company’s generation (MW): | | | | |  | |
| 1. Annual energy billed (MWh): | | |  | | | |
| 1. Annual energy resold (MWh): | | |  | | | |
| 1. Energy sources used in installations: | | | |  | | |

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| 1. **Information of Electric Service Facilities** |

(Complete the following information for each facility where the company will provide services.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | Yes | | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | | |  | | |
|  | | | | | | | | | | | |
| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
|  |  | | | | | | | | | | |
| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
|  | | | | | | | | | | | |
| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
|  |  | | | | | | | | | | |
| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
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| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
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| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
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| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
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| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
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| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
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| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
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| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
|  |  | | | | | | | | | | |
| 1. Type of Facility: | | New | | | | | Existing | | | | Existing under Renovation |
| Physical Address of Facility: |  | | | | | | | | | | |
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| Postal Address of Facility: |  | | | | | | | | | | |
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| Indicate if the company is the owner of the facility: | | | | Yes | | No | | | | | |
| Specify the title or legal business whereby it is in possession: | | | | |  | | |
|  | | | | | | | | | | | |
| Territorial Impact: | Municipality: | | | |  | | | Neighborhood: | |  | |
| Sector: | | | |  | | | Other: | |  | |
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Annexes: (Mark the documents included with the Request for Certification Form)

Information regarding the contracts or legal transactions with PREPA or another electric power company (Section 3.03 (A)(2)).

Statement certified by a Certified Public Accountant that attests the provisions of minimum financial resources of the company (Section 3.03 (A)(3)).

Statement affirming the sufficiency of the company’s human resources (Section 3.03 (A)(4)).

Copy of permits, authorizations and endorsements obtained to operate, do business and provide services in Puerto Rico (Section 3.03 (A)(5)).

A certification stating that the company has obtained all necessary permits, from the appropriate public entities, for the construction of new facilities (Section 3.03 (B)(1)(b)).

A certification that attests that the company has the financial capacity and solvency to finance the construction and operation of new or under renovation facilities (Section 3.03 (B)(1)(b)).

Description of technical specifications of units and equipment, among others, used for the provision of the service (Section 3.03 (B)(1)(c)).

Amount of installed systems, installed capacity and number of clients by electric service region (Section 3.03 (B)(2)(b)).

List of equipment used for the provision of services (Section 3.03 (B)(2)(c)).

Complementary Sheet (CEPR-Z01).

Other:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I certify that the presented information on this form is correct and complete.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Name of Designated Contact |  | Position |  | Signature |  | Date | |

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| --- |
| **OFFICIAL USE ONLY** |
| **CEPR-CT-\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_**  Determination: The request, with the annexes has been evaluated and the determination is:   |  |  |  | | --- | --- | --- | | Approved | Conditioned to: |  | | Requires Amendments | Denied | |   Observations:   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Name |  | Position |  | Signature |  | Date | | | |