



Instructions for **Abandoning** a Competitive Retail Natural Gas Service (CRNGS) Certificate

- I. **Where to file:** Applications can be completed and submitted via the PUCO Community. Paper applications, an original plus two copies, can be mailed to: Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus Ohio 43215-3793.
- II. **Case Number:** An abandonment application should be filed in the existing certification case number.
- III. **Confidentiality:** Confidentiality for items included on the application must be requested in a motion filed in the docket. Motions for protective orders must be filed in accordance with Ohio Administrative Code [4901-1-24](#), [4901:1-24](#) and [4901:1-27](#).
- IV. **Commission approval process:** The Commission approval process begins when the Commission's Docketing Division receives and time/date stamps the application. An abandonment application is approved on the 91st day after filing. Upon approval, the Commission will cancel the existing numbered certificate.
- V. **Governing law:** The abandonment of a certificate is governed by Chapters [4901:1-24](#), and [4901:1-27](#) of the Ohio Administrative Code, and Sections [4928.08](#) and [4929.20](#) of the Ohio Revised Code.
- VI. **Questions:** Questions regarding the application should be directed to CRES@puco.ohio.gov or CRNGS@puco.ohio.gov.

This page is for informational purposes and should not be filed with the application.



Case Number: _____ -GA- _____

Please complete all information. Identify all attachments with a label and title (example: Exhibit C-2 Financial Statements). For paper filing, you can mail the original and three complete copies to the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

A. Application Information

A-1. Applicant's legal name and contact information.

Provide the name and contact information of the business entity.

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Website: _____

A-2. Contact person for regulatory matters.

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

A-3. Certification Information.

Certification case number: _____ Certificate number: _____

B. Operation Information

Provide a response or attachment for each of the sections below.

B-1. Date applicant will cease operations.

Date: _____

B-2. Customer transfer.

Indicate whether contracts will be assigned or if customer contracts will be switched back to their Utility.

Contracts will be assigned

Customers will be switched back to their Utility.

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[]

B-3. If contracts were/will be assigned, to whom?

If applicable, please provide the name of which company will be taking over customer contracts.

B-4. Billing Cycle.

In which month's billing cycle will the customer be switched or assigned?

Billing cycle month: _____

B-5. Number of Ohio customers.

How many customers are currently served by the applicant in each Utility service area?

Columbus Gas of Ohio:	Dominion Energy Ohio:	Duke Energy Ohio:	Vectren Energy Delivery of Ohio:
_____	_____	_____	_____

C. Additional Exhibits

Provide an attachment for each of the sections below.

C-1. Notice to Director of the Service Monitoring and Enforcement Department.

Provide a dated copy of the notice of applicant's intent to assign customer contracts, pursuant to [4901:1-21-11](#) and/or [4901:1-29-10](#) of the Ohio Administrative Code, that was sent to the PUCO Service Monitoring and Enforcement Department Director.

C-2. Utility notice.

Provide a dated copy of the notice of the applicant's intent to cease providing service, pursuant to [4901:1-24-12](#) and/or [4901:1-27-12](#) of the Ohio Administrative Code, that was sent to each LDC or EDU in each certified territory in which the provider operates.

C-3. Customer notice.

Provide a dated copy of the notice of the provider's intent to abandon service, pursuant to [4901:1-24-12](#) and/or [4901:1-27-12](#) of the Ohio Administrative Code, that was sent to customers.

As authorized representative for the above company/organization, I certify that all the information contained in this application is true, accurate and complete. I also understand that failure to report completely and accurately may result in penalties or other legal actions.

Signature

Date

Title