



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.



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. 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.

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