APPLICATION FOR TRANSFER OF AUTHORITY TO RESELL NATURAL GAS SERVICE FOR LEASED PREMISES

INSTRUCTIONS
If additional space is needed, supplementary sheets may be attached. If any section does not apply, write “not applicable”.

SELLER

1. Name of current certified owner: _____________________________________________________________________
2. Mailing address: _________________________________________________________________________________
3. Business telephone number: _____________________________________________________________________

PURCHASER (“Applicant”) 

4. Name of purchaser: ______________________________________________________________________________
5. Business mailing address of purchaser: ______________________________________________________________
   City and state: __________________________ Zip code: _____________________________________________
7. Business email address: ________________________________________________________________________

UTILITY SERVICE AREA

8. Street Address of Leased Premises: ______________________________________________________________________
9. Name of Leased Premises: ____________________________________________________________________________
10. County (or counties): ________________________________________________________________________________
11. Supplier of natural gas: ______________________________________________________________________________

RESALE PROVISIONS

12. Describe the method Applicant proposes to use to allocate the supplier’s individual natural gas bill for a unit among all the lessees in the unit (NCUC Rule R24-5): _______________________________________________________
13. Monthly administrative fee per bill: _________________________________________________________________
   (Pursuant to NCUC R24-5(d), no more than $3.75 per month, the maximum amount authorized for water resellers by
   Commission Rule R18-6, may be added as an administrative fee to the cost of natural gas service. The amount of the
   administrative fee, up to the maximum amount, should be justified by Applicant’s actual costs.)
14. Bills will be past due____ days after they are mailed or otherwise delivered to lessees. (NCUC Rule R24-7(e) specifies
   that bills shall not be past due less than twenty-five (25) days after mailing or other delivery to lessees.)
15. Late fee amount: _____________________________________________________________________________
   (Pursuant to NCUC Rule R24-5(d) and (e), no more than 1% per month on the balance in arrears may be assessed.)
16. Returned check charge: __________________________________________________________________________
   (Pursuant to NCUC Rule R24-5 and G.S. 25-3-506, no more than $25.00.)
17. Statement of Applicant's plans for retention and availability of records (see NCUC Rule R24-6(a) and (b)):
   __________________________________________________________________________

   PERSONS TO CONTACT

   NAME                        ADDRESS                        TELEPHONE

   18. Management: __________________________________________________________________________

   Email __________________________________________

   19. Complaints or Billing: __________________________________________________________________________

   Email __________________________________________

   20. Emergency Service: __________________________________________________________________________

   Email __________________________________________

   21. Filing and Payment of Regulatory Fees to NCUC: __________________________________________________________________________

   Email __________________________________________

   OTHER PROVISIONS

   22. Applicant must notify the Commission in writing within 30 days following the change of any information supplied on this form.
   23. Applicant must also file quarterly Regulatory Fee Reports and make regulatory fee payments. Details are set out in NCUC Rule R15-1.

   REQUIRED EXHIBITS

   24. If the Purchaser is a corporation, LLC, LP, etc., enclose a copy of the certification from the North Carolina Secretary of State (Articles of Incorporation or Application for Certificate of Authority for Limited Liability Company, etc.). (Must match name on Line 4 of application.)
   25. If the Purchaser is a partnership, enclose a copy of the partnership agreement. (Must match name on Line 4 of application.)
   26. Enclose a copy of a Warranty Deed showing that the Purchaser has ownership of all the property necessary to operate the utility. (Must match name on Line 4 of application.)
   27. Enclose a vicinity map showing the location of the leased premises in sufficient detail for someone not familiar with the county to locate the leased premises. (A county roadmap with the leased premises outlined is suggested.)
   28. Enclose a copy of the supplier’s schedule of rates that will be charged to the Applicant for natural gas.
   29. Enclose a copy of any agreements or contracts that the Applicant has entered into covering the provision of billing and collections services to the leased premises.
   30. Indicate the number of apartment buildings, residential buildings, or single-family dwellings to be served, the number of units in each apartment building or residential building and the number of bedrooms in each unit.
   31. Enclose a copy of the template or form used for billing statements.
32. Enclose a copy of all forms used for the lease to lessees, including a statement of which parts of the lease relate to billing for natural gas service.

**FILING INSTRUCTIONS**

33. Electronic filing is available at www.ncuc.net for application submittal or mail one (1) original application with required exhibits and original **notarized signature**, plus three (3) additional collated copies to:

- **USPS Address:**
  - Chief Clerk’s Office
  - North Carolina Utilities Commission
  - 4325 Mail Service Center
  - Raleigh, North Carolina 27699-4300

- **Or**
  - **Overnight Delivery at Street Address:**
  - Chief Clerk’s Office
  - North Carolina Utilities Commission
  - 430 North Salisbury Street
  - Raleigh, NC 27603-5918

34. Enclose a filing fee as required by G.S. 62-300. A Class A utility (annual natural gas reseller revenues of $1,000,000 or more) requires a $250 filing fee. A Class B utility (annual natural gas reseller revenues between $200,000 and $1,000,000) requires a $100 filing fee. A Class C utility (annual natural gas reseller revenues less than $200,000) requires a $25 filing fee. **MAKE CHECK PAYABLE TO N.C. DEPT. OF COMMERCE/UTILITIES COMMISSION.**

35. This application may be filed before title to the property passes to the new purchaser. In that event, the deed required in Item 26 above shall be filed with the Commission as a follow-up to the initial transfer application once the deed has been executed and recorded with the Register of Deeds. The Commission may approve the transfer application on the condition that it is not effective until the deed is executed, recorded, and has been filed with the Commission.

**SIGNATURES**

36. Application shall be signed by an authorized representative of the seller.

Signature: __________________________________________
Printed Name: ________________________________________
Title: ________________________________________________
Date: ________________________________________________

37. Application shall be signed and verified by an authorized representative of the purchaser.

Signature: __________________________________________
Printed Name: ________________________________________
Title: ________________________________________________
Date: ________________________________________________

38. (Typed or printed name of the purchaser’s representative) ____________________________________________, personally appearing before me and, being first duly sworn, says that the information contained in this application and in the exhibits attached hereto is true to the best of his/her knowledge and belief.

This the ________ day of _________________, 20____

____________________________________
Signature of Notary Public

_____________________________________________________
Name of Notary public – Typed or printed

My Commission Expires: ________________________________

Date

(NOTARY SEAL)