



Application for a Licence to Market Natural Gas

Application Instructions

Licence Requirements

To apply to obtain or renew a licence as a Natural Gas Marketer, you must submit the following:

1. A completed Application for a Licence to Market Natural Gas (Form A);
2. A \$1,000 Application Fee made payable to the Minister of Finance;
3. Proof that you have security in the amount of \$250,000. You may provide such proof by way of a bond, letter of credit or security for \$250,000 acceptable to the Commission;
4. A copy of your Annual Report filed with the Registrar of Companies in B.C. or a copy of the last Registration Certificate filed in B.C.;
5. Financial Statements. A copy of your latest audited financial statement and any subsequent unaudited quarterly statements. Applicants may request that the Commission hold these financial statements confidential;
6. Confirmation that the applicant's working capital position at the time of the most recent financial statement exceeded \$50,000 and that the current ratio of current assets to current liabilities exceeds 1.10;
7. Copies of all licences to carry on business in B.C.;
8. The training plan/procedures and the manuals that are being and will be used by the Gas Marketer and its employees to market and sell natural gas; and
9. Such other information that the Commission may require.

Instructions

Type or print clearly all information in black ink. Please send the completed form to:

British Columbia Utilities Commission
Sixth Floor, 900 Howe St., Box 250
Vancouver, BC., V6Z 2N3

Attention: Mr. Robert Pellatt
Commission Secretary

Email: Commission.Secretary@bcuc.com
Facsimile: 604-660-1102



SIXTH FLOOR, 900 HOWE STREET, BOX 250
VANCOUVER, B.C. V6Z 2N3 CANADA
web site: <http://www.bcuc.com>

TELEPHONE: (604) 660-4700
BC TOLL FREE: 1-800-663-1385
FACSIMILE: (604) 660-1102

Application for a Licence to Market Natural Gas

A. General Information

| | | | |
|---|----------------|------------------|----------|
| 1. Name of Business (Name to appear on Licence) | | | |
| 2. If there has been a change of name, show all previous names | | | |
| 3. Primary Contact for this Licence (British Columbia Contact) | | | |
| Mr. <input type="checkbox"/> | Last Name: | Full First name: | Initial: |
| Mrs. <input type="checkbox"/> | | | |
| Ms. <input type="checkbox"/> | Position Held: | | |
| Other <input type="checkbox"/> | | | |
| Contact Address | | | |
| City | | Postal | |
| Phone Number | Fax Number | E-mail Address | |

| | |
|--|--------------------------|
| 4. Type and period of Licence Applied for | |
| Initial Licence to Market Natural Gas | <input type="checkbox"/> |
| Renewal Licence to Market Natural Gas | <input type="checkbox"/> |
| Requested Licence Term | _____ |
| Type of Service: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial & Residential | |
| 5. Business Classification | |
| Sole Proprietor | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Corporation | <input type="checkbox"/> |
| Other (describe): _____ | <input type="checkbox"/> |

B. Information about the Applicant Organization

| 1. Applicant Organization (Corporation, Partnership, Sole Proprietorship, Other) | | | |
|---|------------|-------------------|------------|
| Full Legal Name of Organization | | Date of Formation | |
| Business Address | | | |
| City | Province. | Country | Postal/ZIP |
| Phone Number | Fax Number | E-mail Address | |

| 2. Licensing History | | | |
|---|---|--------------|--------------------------|
| Has your organization or an affiliate of your organization ever been granted a licence to market gas in British Columbia? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If your response is yes to the above, please provide the following information: | | | |
| Licence Type | Licence No. | | |
| Please provide a summary with reasons and results of any investigation for any situations where gas has not flowed as required in the Gas Marketer's gas supply contracts with local distribution companies for corresponding direct sale to customers. | | | |
| Please provide character references from local distribution companies who are familiar with the activities of the Gas Marketer. | | | |
| If your organization has ever marketed or sold electricity or natural gas in any other jurisdiction? If so, please provide the following information: | | | |
| Organization | Jurisdiction | Licence Type | Licence/Registration No. |
| | | | |
| | | | |
| | | | |

3. Please provide the requested details of all legal proceedings as attachments to this Application.

| | Yes | No |
|--|--------------------------|--------------------------|
| Has your organization ever made a proposal to its creditors under the Bankruptcy and Insolvency Act, been declared bankrupt or is it presently party to bankruptcy or receivership proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ol style="list-style-type: none"> 1. Where your organization is an undischarged bankrupt, provide a copy of the Assignment in Bankruptcy and a list of creditors 2. Where your organization is a discharged bankrupt, provide full proof of discharge 3. Where your organization has submitted a proposal to creditors or is in receivership provide a copy of the proposal or receivership order together with a list of creditors. | | |
| Are there any unpaid judgments against your organization? If yes, provide a copy of each judgment. State amount outstanding and repayment arrangements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization ever been found guilty or convicted of an offence under any law, Regulation or Act or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, provide particulars in a separate, signed and dated statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization ever had a licence or registration of any kind refused, suspended, revoked or cancelled? If yes, attach particulars | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization ever been subject of a regulatory investigation or proceeding? If yes, attach particulars. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization ever been reprimanded, fined or otherwise disciplined by a regulatory/licensing body? If yes, attach particulars. | <input type="checkbox"/> | <input type="checkbox"/> |
| How many customer complaints about your organization's gas marketing activities were received in the last 12 months? | _____ | |

C. Information About Each Key Individual

Attach a copy of this sheet for each Sole Proprietor, Partner, Officer and Director

| 1. Personal Information | | | |
|--------------------------------|----------------|--------------------|------------|
| Mr. <input type="checkbox"/> | Last Name: | Full First name: | Initial: |
| Mrs. <input type="checkbox"/> | | | |
| Ms. <input type="checkbox"/> | Position Held: | | |
| Other <input type="checkbox"/> | | | |
| Contact Address | | | |
| City | Prov. | Country | Postal/ZIP |
| Phone Number | Fax Number | Birthdate mm/dd/yy | |
| | | | |

2. Personal Experience in Energy Industry

| | Yes | No |
|--|--------------------------|--------------------------|
| Has this person been a proprietor, partner, officer, director of an organization that was granted a licence to market natural gas in British Columbia? If yes, provide licence number. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this person been a proprietor, partner, officer, or director of an organization that marketed or sold electricity or natural gas other than for a regulated distribution utility in any other jurisdiction? If yes, please provide company name, jurisdiction, or location and licence or registration type, identifier and date issued. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this person been a proprietor, partner, officer, or director of an organization that had a registration or licence of any kind refused, suspended, revoked or cancelled? If yes, provide particulars. | <input type="checkbox"/> | <input type="checkbox"/> |

3. Legal Proceedings

| | | |
|---|--------------------------|--------------------------|
| Is this person now or has this person been involved in personal bankruptcy proceedings. If yes, attach Assignment or Discharge papers. | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this person now or has this person been an officer, director, or majority shareholder of a corporation which has been declared bankrupt has made a proposal to its creditors under the Bankruptcy and Insolvency Act, or is in receivership, or is presently party to bankruptcy proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ol style="list-style-type: none"> Where this person is an undischarged bankrupt, provide a copy of the Assignment in Bankruptcy and a list of creditors Where this person is a discharged bankrupt, provide full proof of discharge For corporate bankruptcies, proposals or receiverships provide related documents. | | |
| Are there any unpaid judgments against this person? If yes, submit a copy of each judgment. State amount outstanding and repayment arrangements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this person ever been fined, reprimanded, disciplined or otherwise subject to penalties or been investigated by a regulatory body or government agency arising out activities relating to the marketing of gas or electricity? If yes, attach full particulars on a separate, signed and dated statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this person ever been found guilty or convicted of an offense under any law or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate, signed and dated statement. | <input type="checkbox"/> | <input type="checkbox"/> |

