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| **COMMONWEALTH OF PENNSYLVANIA**  **PENNSYLVANIA PUBLIC UTILITY COMMISSION**  **400 North Street, Harrisburg, PA 17105-3265** |



**Application for Registration as a Utility Valuation Expert (UVE)**

1. **Instructions**

The attached application form is for those entities that desire listing on the Public Utility Commission’s registry of qualified Utility Valuation Experts (“UVE”), as defined by Section 1329 of the Pennsylvania Public Utility Code. 66 Pa. C.S. § 1329. It is applicable for both an initial application and the two-year biennial renewal of an application.

An entity that is directly or indirectly owned, partnered or in any way affiliated with a water/wastewater distribution company (WWDC) is not eligible for the registry.

The registry lists UVEs that can provide a WWDC with the determination of a fair market value in compliance with the Uniform Standards of Professional Appraisal Services Practice employing the cost, market and income approaches. Therefore, an applicant must have at least two years of experience in providing such services. In addition, the applicant must provide copies of supporting credentials.

1. **Filling out the Application and Labeling Attachments**.

Utilize the attached application form. Remove instruction sheets prior to filing. If you need more space than is provided on the form or if you are attaching exhibits, state in the relevant section of the body of the application “**see attachment \_**” or “**see exhibit \_**”. Be sure to **label all attachments and exhibits in correspondence with the relevant section of the application**. Lastly, be sure to answer all questions. Use the designation “N/A” for any questions that are not applicable

Incomplete applications or those missing any attachments are unacceptable for filing and will be returned or delayed for processing until the required information is sent to the Commission’s Secretary’s Bureau.

1. **Pertinent Legal Framework for Utility Valuation Expert Registration**

Requirements for Utility Valuation Experts are specified in Sections 1329(A)(1) through (5) of the Public Utility Code, 66 Pa. C.S. §§ 1329(a)(1) – (5).

*Referenced law can be found on the Pennsylvania General Assembly’s website at http://www.legis.state.pa.us/cfdocs/legis/li/public/. The Commission’s regulations are included in Title 52 of the Pennsylvania Code (Public Utilities), and are available online at* [*www.pacode.com*](http://www.pacode.com)*. Printed copies of the Pennsylvania Code are available for purchase from Fry Communications at (717) 766-0211.*

1. **Change to Information Provided in Application**

The Applicant is obligated to inform the Commission of any changes to the information provided in the completed application during the pendency of the application, or while the UVE is operating in Pennsylvania. The changes must be submitted immediately by filing a redlined hard copy of the pending or approved application with the Secretary of the Commission. An Applicant who files revisions to the initial completed Application will be informed by Secretarial Letter after the revised initial Application has been reviewed and accepted by the Commission. Likewise, an Applicant who files revisions to an approved Application will be informed by Secretarial Letter after the revisions have been approved and accepted by the Commission.

1. **Affidavit**

The Applicant must complete and submit the Affidavit (attached as Appendix A to the Application) with the completed Application and any subsequent documentation submitted to the Commission, such as revised Applications, emails, letters, and written responses to Commission data requests. The Affidavit must be signed by the Affiant and signed and dated by the official administering the oath, that to the best of the Applicant’s knowledge, information and belief that the facts set forth in the Application and all subsequent submissions are true and correct.

**IMPORTANT AFFIDAVIT NOTE –** Affidavits must be notarized before they are e-filed.

1. **Fees**

The Applicant must submit a check payable to the Commonwealth of Pennsylvania with this Application. The fee for the initial application or biennial renewal is $125. The check must be made payable to the Commonwealth of Pennsylvania.

1. **Filing & Signing of Application**

Hard Copy Filing. To file a hard copy Application (first-class mail or in person) with the Pennsylvania Public Utility Commission, **submit an ink-signed and verified (via notarized Affidavit – Appendix A) original** of your entire application, along with any attachments, in person, by overnight delivery service or by first class mail, with your check to the Commission’s Secretary's Office in Harrisburg, Pennsylvania at:

|  |  |  |
| --- | --- | --- |
| Filing In Person or Overnight Delivery:  PA Public Utility Commission  Secretary  Commonwealth Keystone Bldg  400 North Street, 2nd Floor, Room 01  Harrisburg PA 17120 | or | Filing by First-Class Mail:  PA Public Utility Commission  Secretary  Commonwealth Keystone Bldg  400 North Street  Harrisburg PA 17120 |

Electronic Filing (e-filing). To file an electronic version of the application, visit the Commission’s e-filing page and follow the instructions. The page is located at <http://www.puc.pa.gov/efiling/default.aspx>. Also, see 52 Pa. Code Chapters 1 and 5.

In addition, provide a complete copy of the Application including exhibits, to the statutory advocates:

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| --- | --- |
| Office of Consumer Advocate  555 Walnut Street 5th Floor Forum Place Harrisburg, PA 17101-1923 | Office of Small Business Advocate  300 North Second Street - Suite 202  Harrisburg, PA 17101 |

1. **Questions**

Questions pertaining to completion of this application may be directed to the Bureau of Technical Utility Services at the above address or you may call the Bureau at the following number: 717-783-5242.

1. **Confidentiality**

All information disclosed within this application is considered public information unless specifically labeled confidential. Applicants are responsible for disclosing to the Secretary’s Bureau that which is privileged or confidential information and not otherwise available to the public. **Submit one copy of all confidential information, on documents stamped CONFIDENTIAL at the top in clear and conspicuous letters, in a separate envelope (but still attached to the application) to the Secretary's Office along with the Application**.

If you have e-filed your application, separately mail in any confidential information specifically identifying that you have e-filed the application. Be sure to specify the Applicant’s name, and provide the e-filing confirmation page.

**END OF INSTRUCTIONS. PLEASE REMOVE BEFORE FILING.**

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| BEFORE THE  PENNSYLVANIA PUBLIC UTILITY COMMISSION |



Form rev. July 2016

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| In Re: Application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to register as an Utility Valuation Expert (UVE) in the Commonwealth of Pennsylvania | Docket No: M-2016-2543193 |

Check one: Fee: 🞏 $125 fee enclosed

🞏 Initial Application

🞏 Renewal Application

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| --- |
| 1. Legal Name of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.[[1]](#footnote-1) |
| 1. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a):         Check this box if the Applicant will not be using a fictitious name.        Check this box if the Applicant will be using a fictitious name or using a d/b/a (doing business as) another name and identify names below. If more space is needed, list names on the back of this page or append list to completed application. |
| 1. Applicant Address:  |  |  | | --- | --- | | Street Name & Number: |  | | Post Office Box: |  | | City: |  | | State: |  | | Zip Code: |  | | Telephone Number: |  | | Email Address: |  | | Website Address: |  | |
| 1. Point of Contact for this Application:[[2]](#footnote-2)  |  |  | | --- | --- | | Name: |  | | Title: |  | | *Complete the following if different than above:* | | | Street Name & Number: |  | | Post Office Box: |  | | City: |  | | State: |  | | Zip code: |  | | Telephone Number: |  | | Email address: |  | |

1. Parent & Subsidiary Companies & Affiliates:

*Parent Name and Contact Information*. Provide name and contact information for parent company. Check box if any parent company is currently doing business in Pennsylvania as a UVE or WWDC. If none, do not check the box; insert NONE below.

|  |  |
| --- | --- |
| Parent Name: |  |
| Street Name & Number: |  |
| Post Office Box: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Telephone Number: |  |
| Email Address: |  |
| Website Address: |  |

*Subsidiaries and Contact Information*. Provide name and contact information for all subsidiary companies. Check this box if any subsidiary is currently doing business in Pennsylvania as a UVE or WWDC. If none, do not check the box; insert NONE below.

|  |  |
| --- | --- |
| Subsidiary Name: |  |
| Street Name & Number: |  |
| Post Office Box: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Telephone Number: |  |
| Email Address: |  |
| Website Address: |  |

(Copy above information and paste on separate sheet as necessary for additional Subsidiaries)

*Affiliates and Contact Information*. Provide name and contact information for all affiliated companies. Check box if any affiliate is currently doing business in Pennsylvania as a UVE or WWDC. If none, do not check the box; insert NONE below.

|  |  |
| --- | --- |
| Affiliate Name: |  |
| Street Name & Number: |  |
| Post Office Box: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Telephone Number: |  |
| Email Address: |  |

(Copy above information and paste on separate sheet as necessary for additional Affiliates)

1. Contracts & Business Partnerships:

      Check box if Applicant intends to or has operated under contract with or has partnered with an WWDC within the past five (5) years. Otherwise, insert NONE here: \_\_\_\_\_\_\_\_.

      Check box if Applicant intends to or has operated under contract, subcontracted or partnered with a UVE within the past five (5) years. Otherwise, insert NONE here: \_\_\_\_\_\_\_\_.

**If applicable, provide name(s) of WWDC(s) and UVE(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership. Attach additional pages as needed.**

1. Identify principal officers (i.e., owners, executives, partners and/or directors, etc.), as appropriate for Applicant’s organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.
2. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant’s operations.
3. Provide Applicant’s Federal Employer Identification No. (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Registered Agent
5. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the boxes below, as applicable:

      YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant’s Registered Agent approved by the Pennsylvania Department of State.

|  |  |
| --- | --- |
| Registered Agent: |  |
| Street Name & Number: |  |
| Post Office Box: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| Main Telephone Number: |  |
| Email Address: |  |
| Website Address: |  |

      NO, the Applicant has not registered its business with the Pennsylvania Department of State.

**STOP**—To avoid denial of your application and forfeiture of your application fee, contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth *PRIOR TO* completion and filing of this application with the Pennsylvania Public Utility Commission.



1. Applicant has registered its business with the Pennsylvania Department of State. Please check appropriate registration type for Applicant as designated with the Department.

      Sole proprietor

      Domestic corporation (none)

      Domestic general partnership

      Domestic limited liability company

      Domestic limited liability partnership

      Foreign corporation

      Foreign general or limited partnership

      Foreign limited liability company

      Foreign limited liability general partnership

      Foreign limited liability limited partnership

1. If Applicant is not domiciled in the Commonwealth of Pennsylvania and is registered as a “foreign” entity as identified above, please identify all other states where applicant is registered and name the appropriate state department(s):
2. Technical Fitness

Attach to this Application a copy of any certification(s) or similar documentation that would demonstrate the technical fitness of Applicant, such as professional licenses, technical certifications, and/or names of current or past clients with a description of dates and types of services provided by Applicant.

1. Falsification

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

Signature of Principal Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official’s Name & Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX A

**AFFIDAVIT**

[Commonwealth/State] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

: ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Affiant, being duly sworn or affirmed according to law, deposes and says that:

Affiant is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Office of Affiant) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Applicant);

That Affiant is authorized to and does make this affidavit for said Applicant;

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Applicant herein, has the burden of producing information and supporting documentation demonstrating technical fitness to be registered as a Utility Valuation Expert pursuant to Section 1329. 66 Pa. C.S. § 1329.

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Applicant herein, acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Applicant herein, acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Applicant herein, acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of Affiant’s knowledge, information, and belief, and that Affiant expects said Applicant to be able to prove the same at hearing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Affiant

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of official administering oath

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant’s Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant’s Pa. Dept. of State registration is “active.” Certified copies of Pa. Dept. of State documents are not required. [↑](#footnote-ref-1)
2. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s UVE Registry. [↑](#footnote-ref-2)