

# INSTRUCTIONS FOR COMPLETEING THE “NEW DOCKET SUMMARY COVER SHEET”

1. Open the “New Docket Summary Cover Sheet” in either the PDF or Word format.

Arkansas Public Service Commission  
Docket Summary Cover Sheet  
(For all dockets other than Rate Cases, "TD", "C" and "TF" Dockets  
Must be filed with each new docket filed at the Commission)

STYLE OF DOCKET: (Style may be changed by Secretary of Commission) Docket Number:

DOCKET DESIGNATOR:  U  A  R  P  SD RELATED DOCKETS:

Nature of Action: (See second sheet)

PETITIONER, INITIATING PARTY\* ATTORNEY'S NAME, ADDRESS, PHONE, FAX AND E-MAIL

\*If the initiating party is not a jurisdictional utility in Arkansas, please provide mailing address, phone, fax and e-mail for the company.

Pursuant to Rule 2.03(b) of the Commission's Rules of Practice and Procedure, please provide name, address, phone, fax, e-mail of at least one, but not more than two names to appear on the Service List for this docket.

2. In the “DOCKET DESIGNATOR” select the SD check box.

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3. a. Fill in the “PETITIONER/INITIATING PARTY” box (required).
- b. Fill in the “ATTORNEY” box (required).

http://www.apcservices.info/pdf/files/NewDocketCoverSheetForAllOtherTypes.pdf - Windows Internet Explorer

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Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Nature of Action: (See second sheet)

PETITIONER/INITIATING PARTY*	ATTORNEY'S NAME, ADDRESS, PHONE, FAX AND E-MAIL
Company Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	Phone
	Fax
	E-Mail

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Pursuant to Rule 2.03(b) of the Commission's Rules of Practice and Procedure, please provide name, address, phone, fax, e-mail of at least one, but not more than two names to appear on the Service List for this docket

Write a brief statement, limited to the space provided herein describing the case that you are filing. Please provide enough information to assure that the nature of your docket is clear.

Done

4. Fill in the contact information box and provide a description of the filing.

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Name, Address, Phone, Fax, E-mail

Write a brief statement, limited to the space provided herein describing the case that you are filing. Please provide enough information to assure that the nature of your docket is clear.

Provide a short description of the filing

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Representing: \_\_\_\_\_

Done

5. Complete the “Form completed by” information at the bottom of page 1.

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Form completed by: Name Date: 9/15/11  
 Representing: Company Name

**NATURE OF ACTION:** Please choose at least one, but no more than three docket types

<input type="checkbox"/> Accounting	<input type="checkbox"/> Lifeline/link up
<input type="checkbox"/> Acquisition/Sales	<input type="checkbox"/> Market Power

6. Under “Nature of Action” select the “Self-Direct Certification” box.

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

<input type="checkbox"/> Affiliate Rules	<input type="checkbox"/> Nuclear Decommissioning
<input type="checkbox"/> Annual Reports/Assessment	<input type="checkbox"/> One Call
<input type="checkbox"/> Ar Energy Conservation Act (Efficiency Programs)	<input type="checkbox"/> Pipeline Safety
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Pole attachment issues
<input type="checkbox"/> Arkansas High Cost Fund	<input type="checkbox"/> Protective Order
<input type="checkbox"/> Arkansas Intralata Toll Pool	<input type="checkbox"/> Public Utility Holding Company Act
<input type="checkbox"/> Arkansas Universal Service Fund	<input type="checkbox"/> Public Utility Regulatory Policy Act
<input type="checkbox"/> ARSI Arkansas Relay Service, Inc.	<input type="checkbox"/> Purchase Power
<input type="checkbox"/> Auto Adjustment	<input type="checkbox"/> Railroad
<input type="checkbox"/> Avoided Cost	<input type="checkbox"/> Rates
<input type="checkbox"/> CCN Cancellation	<input type="checkbox"/> Refund
<input type="checkbox"/> CCN Facility	<input type="checkbox"/> Reports
<input type="checkbox"/> CCN License	<input type="checkbox"/> Resource Plan
<input type="checkbox"/> CECPN	<input type="checkbox"/> Restructuring
<input type="checkbox"/> Cost of Gas/Energy seasonal/unscheduled	<input type="checkbox"/> Retail
<input type="checkbox"/> Customer release/Abandonment	<input type="checkbox"/> River Crossing
<input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Regional Transmission Organization
<input type="checkbox"/> Depreciation	<input type="checkbox"/> Rulemaking
<input type="checkbox"/> Dialing/Numbering	<input checked="" type="checkbox"/> Self-Direct Certification
<input type="checkbox"/> Disabilities Act of 1990	<input type="checkbox"/> Service Quality
<input type="checkbox"/> Earnings Review	<input type="checkbox"/> Shielded Outdoor Lighting
<input type="checkbox"/> Eligible Telecommunications Carrier Designation	<input type="checkbox"/> Show Cause
<input type="checkbox"/> Energy Policy Act	<input type="checkbox"/> Stranded Costs
<input type="checkbox"/> Energy/Fuel Purchasing Practices	<input type="checkbox"/> Sustainable Energy Resources
<input type="checkbox"/> EWG Exempt Wholesale Generator	<input type="checkbox"/> Terms and Conditions
<input type="checkbox"/> Extended Area Service	<input type="checkbox"/> Territory/release/unallocated territory
<input type="checkbox"/> Extension of Telecommunications Facilities Fund	<input type="checkbox"/> Transition costs
<input type="checkbox"/> Extraordinary Property Loss	<input type="checkbox"/> Unbundling