Appendix D

Protocol Section 10.2.4 Attestation

Resource Entity Affidavit for Calculation and Telemetry of ESR Auxiliary Load Values

Instructions: By completing the required fields and signing this attestation in Section A. you affirm your compliance with ERCOT Nodal Protocols Section 10.2.4, and, that you have reasonable controls in place to ensure the accuracy and integrity of the Metering Data provided to ERCOT as required by this Section. This attestation is due as prescribed in the SMOG. Complete Section B Part I is required: include all supporting laboratory results and records. If any additional findings were identified in the self-audit, complete Section B. Part II. Complete Section C: Resource Entity Information and Signature; include if there has been a change in contact information. Email a copy of the completed attestation to epsmetering@ercot.com. .

**Section A. Attestation.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Resource Entity] capable of attesting to the following facts regarding [ESR Project Company Name], applicable to the annual attestation period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicable Period).

I hereby attest that the results of an independent audit performed by an independent registered Texas Professional Engineer (attached herein) demonstrate that laboratory testing has been conducted on the specified sensor models used at the site. In each interval during the Applicable Period, calculated and telemetered data accounted for any known sensor accuracy or degradation information such that the auxiliary Load calculation did not understate the Load value.

I hereby swear to the accuracy and completeness of these statements and affirm that [Resource Entity/Project] is in compliance with ERCOT Nodal Protocols Section 10.2.4, and, that Resource Entity has reasonable controls in place to ensure the accuracy and integrity of the data provided to ERCOT as required by this Section and with any additional provisions enumerated in this Section.

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

Signature and Date

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

Texas Notary Public

**Section B. Audit Information**

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| **Audit Facilitator Information** |
| **Part I:** Required  |
| Auditor Name:  |  |
| Auditor Firm: |  |
| Audit Date:  |  |

Attach laboratory results and additional documentation. Section B Part II may also be used to document additional audit findings.

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| **Part II:** **Additional Self Audit Findings** |
| Please input “NA” for first row of fields if there are no incidents to report. If all findings do not fit the space provided, please contact <insert applicable email> for further instructions on how to complete report.  |
| Findings  | # of Incidents  | Actions taken  |
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**Section C: Resource Entity Information and Signature**

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| **Resource Entity Signing Manager Information and Signature** |
|  |
| Attesting Organization:  |  |  |
| Printed Name:  |  | Title:  |
| Signatory Email:  |  | Signatory Ph: |
| CC Name:  |  | CC Email:  |  |
| Indicate if there is a Change in Contact Information for the Applicable Resource Entity  |
| Y\_\_\_\_\_\_ | N\_\_\_\_\_\_\_\_ |