**Attestation Regarding Critical Load Status**

As required by Protocol Section 3.6.1, each Resource Entity that represents a Load Resource or that is registering a Load as a Load Resource must complete this form and return it to ERCOT for each Load Resource represented by the Resource Entity. The form should be submitted as a pdf via email to [LRAttestation@ercot.com](mailto:LRAttestation@ercot.com) with the subject line “Critical Load Attestation.”

**For existing Load Resources:**

Dispatch Asset Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For existing and proposed Load Resources:**

ESIID or non-settlement ESI ID associated with this Load: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate condition for the existing or proposed Load Resource:

1) The Load Resource is not located behind an Electric Service Identifier (ESI ID), including a non-settlement ESI ID, that corresponds to a Critical Load.

2) The Load Resource is located behind an ESI ID, including a non-settlement ESI ID, that corresponds to a Critical Load, but the Load Resource is not a Critical Load and does not include a Critical Load.

3) The Load Resource is located behind an ESI ID, including a non-settlement ESI ID, that corresponds to a Critical Load, but electric service from the ERCOT System is not required for the provision of the critical service due to the availability of back-up generation or other technologies at the site.

4) None of the above apply to this Load Resource.

**Legal name of Resource Entity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUNS number for Resource Entity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-referenced Resource Entity hereby attests that, if either condition (2) or (3) identified above applies, then all of the aforementioned Load Resource’s offered demand response capacity will be available if deployed by ERCOT during an emergency.

By signing below, I affirm that I have personal knowledge of the facts stated in this attestation and that I am authorized to submit this attestation on behalf of the Market Participant listed above.

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

Printed Name Signature

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

Title Date