REQUEST, CERTIFICATION, AND ACKNOLWEDGMENT

I [NAME & TITLE] hereby certify on behalf of myself and [NAME OF PROJECT] that each of the following statements is true and correct:

- (1) I am an officer whose responsibilities include the development of the [INSERT NAME OF PROJECT], New York Independent System Operator, Inc.'s ("NYISO") Interconnection queue position Number [INSERT NUMBER] (the "Project").
- (2) I am duly authorized to make representations concerning the Project, including each of the certifications and acknowledgements that I have made in this document.
- (3) I have reviewed and understand the requirements established under the NYISO Market Administration and Control Area Services Tariff ("Services Tariff") related to Repowering Examined Facilities and Replacement Examined Facilities pursuant to Section 23.4.5.7.7.1.
- (4) I have personal knowledge of the facts and circumstances regarding the Project's use of equipment, including the Project's prime mover (*i.e.*, the machine that drives an electric generator or any device that converts energy to electricity or the equipment associated with a UDR Facility that directly controls the power flow from an Exiting Capacity Facility), and associated turbine-generator set, if applicable.
- (5) To the best of my knowledge and having conducted due diligence that is current as of the date of this Certification, the Project, shall not use a prime mover or associated turbine-generator set thereof, from an Exiting Capacity Facility or if it does come from an Exiting Capacity Facility, its use in accordance with Services Tariff Section 23.4.5.7.7.1.3(a).

I hereby acknowledge on behalf of myself and [INSERT NAME OF PROJECT] that:

(1) The submission of false, misleading, or inaccurate information, or the failure to submit information requested by the NYISO related to the Project's use of equipment described herein shall constitute a violation of the Services Tariff, the NYISO Open Access Transmission Tariff, and Section 35.41(b) of the Federal Energy Regulatory Commission's regulations.

[PRINT NAME]	
[DATE]	

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 Notary	Public			