

ATTESTATION
of Compliance with the Provision of the RPS Class I & II Regulations
in 225 CMR 14.05(5)(c) & 225 CMR 15.05(5)(c), for a Generation Unit
Located in a Control Area Adjacent to the ISO-New England Control Area

I, *[enter name]* _____, attest that I am the *[enter title]* _____ of _____
 (“Company”); that said Company is the Owner or Operator of an electricity generation facility known as _____
 (“Generation Unit”), which is located in _____
 (“Originating Control Area”) and has the following MA RPS SQA #: _____;
 and that I intend by means of that Statement of Qualification Application (SQA) to obtain qualification of the
 Generation Unit as a MA RPS Class I or II Renewable Generation Unit, so that the quantity of the Generation
 Unit’s electrical energy output that will be transmitted to and used in the ISO New England Control Area can
 qualify as RPS Class I or II Renewable Generation and earn Massachusetts RPS Class I or II qualified GIS
 Certificates at the NEPOOL GIS (“RECs”).

I further attest that, as of the on-line submission date of the SQA for this Unit, which is also the date of
 this Attestation, *neither* the Company, *nor* its affiliates, *nor* any third party with whom the Company has
 contracted for RPS Class I or II Renewable Generation or RPS Class I or II RECs from the Generation Unit,
 knowingly will import RPS Class I or II Renewable Generation from the Generation Unit into the ISO-New
 England Control Area for the creation of Massachusetts RPS Class I or II RECs *and* will export that energy or a
 similar quantity of other energy out of the ISO New England Control Area during the same hour.

I am the Authorized Representative of the Company and signed the Certification of the Authorized
 Representative (Section IV) of the above-identified SQA, which has been submitted to DOER for the Generation
 Unit along with documentation that satisfies the authorization requirements in SQA Section IV.

I certify, under pains and penalties of perjury, that I have personally examined and am familiar with the
 information submitted herein and, based upon my inquiry of those individuals immediately responsible for
 obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are
 significant penalties, both civil and criminal, for submitting false information, including possible fines and
 imprisonment.

Signature

Date

Place of Execution

(TO BE COMPLETED BY NOTARY)

I, _____, as a notary public, certify that I witnessed the signature of the above
 named _____, and that said person stated that he/she is authorized to execute
 this attestation, and that the individual verified his/her identity to me, on this date: _____, 20____.

Signature

Date

My commission expires on: _____

NOTARY SEAL