

DOER Use Only

Date Received: __ __ / __ __ / __ __

Date Complete: __ __ / __ __ / __ __

Date Approved: __ __ / __ __ / __ __

Generation Unit Asset ID:

STANDARD APPLICATION FORM
(Required of all Applicants for Statement of Qualification)

COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION
DIVISION OF ENERGY RESOURCES

Application for Statement of Qualification
Pursuant to the Renewable Energy Portfolio Standard
225 CMR 14.00

NOTICE: Please refer to the Application Guide to the Application for Statement of Qualification when completing this form. The Application Guide is available on the Division's web page: www.mass.gov/doer. The RPS Regulation took effect upon publication in the Massachusetts Register on April 26, 2002 – the "effective date".

Please mail the completed Application and required attachments to the following address:

Division of Energy Resources
70 Franklin Street, 7th Floor
Boston, Massachusetts 02110-1313
Attn: RPS Statement of Qualification Mailbox

PLEASE NOTE:

- Complete this Application for Statement of Qualification using a typewriter or black ink.
- All information submitted on or attached to the Application is considered to be a public record.
- The Division will notify the Authorized Representative if the Application is incomplete.
- Keep a copy of the completed Application for your records.
- Once the Division finds the application to be administratively complete, it shall post this finding on its web page for 10 business days.
- Pursuant to 225 CMR 14.06 (1) (b), the Division will provide written notice to the Authorized Representative if the Generation Unit does not meet the requirements for eligibility as a New Renewable Generation Unit.
- The Division will post notice of all approved Applications on the Division's web page.

NOTICE: Pursuant to 225 CMR 14.06(2)(b), the Division shall provide a ten-day period following posting of any administratively complete application for public comment on an application for a Statement of Qualification if the Generation Unit would:

1. use an Eligible Biomass Fuel and is not required to have a Valid Air Permit;
2. co-fire an Eligible New Renewable Fuel in a Generation Unit in conjunction with ineligible fuels;
3. use an Eligible Biomass Fuel in a Generation Unit that originally used ineligible fuels; or
4. use an Eligible Biomass Fuel in conjunction with a Vintage Waiver.

During this ten-day period, the public will be free to comment on the pending application by email.

Questions related to the Application for Statement of Qualification should be directed to DOER.RPS@state.ma.us or (617) 727-4732 ext. 199.

SECTION I: Identification Information

1.1 Name of Generation Unit: _____

1.2 This Application includes: (Check all that apply)¹

- APPENDIX A: Vintage Generation Waiver
- APPENDIX B: Co-Firing with Ineligible Fuels Waiver
- APPENDIX C: Small Generation Unit
- APPENDIX D: Special Provisions for a Generation Unit Located Outside of the ISO-NE Control Area
- APPENDIX E: Authorized Representative Certification for Individual Owner or Operator
- APPENDIX F: Authorized Representative Certification for Non-Corporate Entities Other Than Individuals

1.3 Name of Contact Person: _____

1.4 Contact Person address and contact information: _____

Phone: _____

Fax: _____

Email: _____

1.5 Name of Authorized Representative: _____

1.6 Title: _____

1.7 Authorized Representative address and contact information: _____

Phone: _____

Fax: _____

Email: _____

¹ There are six Appendices to the Standard Application Form. A through D correspond with the applicable RPS eligibility standards listed in Section 1.2 pursuant to 225 CMR 14.05 (2) through (5). E and F are required for certification of the authority of the Authorized Representative. Please note that all Applicants are required to complete the Standard Application Form and all of the Appendices that apply to the Generation Unit or Owner or Operator that is the subject of this Application.

1.8 Owner name: _____

1.9 Owner address and contact information: _____

Phone: _____

Fax: _____

Email: _____

1.10 Owner business organization type:

Individual

Partnership

Corporation

Other: _____

1.11 Operator name: _____

1.12 Operator address and contact information: _____

Phone: _____

Fax: _____

Email: _____

1.13 Operator business organization type:

Individual

Partnership

Corporation

Other: _____

1.14 ISO-NE Generation Unit Asset Identification Number or NE-GIS Identification Number:

— — — —

1.15 Rated Capacity: _____ MW

SECTION II: Fuels, Energy Resources and Technologies

2.1 Please indicate which of following Eligible New Renewable Fuels, energy resources and technologies are used by the Generation Unit: (Check ALL that apply)

- Solar photovoltaic or solar thermal electric energy
- Wind energy
- Ocean thermal, wave or tidal energy
- Fuel cells using an Eligible New Renewable Fuel
- Landfill methane gas and anaerobic digester gas²
- Low-emission, advanced biomass³

2.2 If you checked low-emission, advanced biomass in Section 2.1 above, please respond to the following:

- A. Please attach a copy of the Generation Unit’s Valid Air Permit or equivalent authorization.
- B. Effective date of Valid Air Permit or equivalent authorization:
____ / ____ / ____
- C. State or jurisdiction issuing Valid Air Permit or equivalent authorization:

SECTION III: Commercial Operation Date

3.1 Commercial Operation Date: ____ / ____ / ____

3.2 Was the power production equipment used on or before December 31, 1997 to generate electricity at any other location?

- Yes
- No

3.3 If you checked “yes” in Section 3.2 above, please specify the power production equipment used and the address where such power production equipment produced electricity:

² As described in 225 CMR 14.05(1)(a)(5) and the relevant Guidelines.

³ As described in 225 CMR 14.05(1)(a)(6) and the relevant Guidelines.

SECTION IV: Metering

4.1 Please indicate how the Generation Unit’s electrical energy output is verified:

- ISO-NE Market Settlement System and self-reported to the NE-GIS Administrator
- Other (See APPENDIX C: Small Generation Unit eligibility)

SECTION V: Location

5.1 Please check each of the following that apply to the Generation Unit:

- Grid Connected Generation
- Off-Grid Generation
- Behind the Meter Generation

5.2 Generation Unit address: _____

5.3 Please provide the Generation Unit’s geographic locator information:

- A. Universal Transverse Mercator Coordinates: _____
- B. Longitude/Latitude: _____ / _____

SECTION VI: Certification

6.1 Please attach documentation, using one of the applicable forms below, demonstrating the authority of the Authorized Representative indicated in Section 1.5 to certify and submit this Application

Corporations

If the Owner or Operator is a corporation, the Authorized Representative shall provide **either**:

- (a) a board of directors vote granting authority to the Authorized Representative to execute the Application for Statement of Qualification, **or**
- (b) A certification from the Corporate Clerk or Secretary of the Corporation that the Authorized Representative is authorized to execute the Application for Statement of Qualification, or is otherwise authorized to legally bind the corporation in like matters.

Individuals

If the Owner or Operator is an individual, that individual shall complete and attach APPENDIX E, or a similar form of certification from the Owner or Operator, duly notarized, that certifies that the Authorized Representative has authority to execute the Application for Statement of Qualification.

Non-Corporate Entities

(Proprietorships, Partnerships, Cooperatives, etc.) If the Owner or Operator is not an individual or a corporation, it shall complete and attach APPENDIX F or execute a resolution indicating that the person named in section 1.5 has authority to otherwise legally bind the non-corporate entity in like matters

I hereby 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 punishment. My signature below certifies all information submitted on this Application for Statement of Qualification. The Application for Statement of Qualification includes the Standard Application Form and all required Appendices and attachments.

Signature of Authorized Representative:

Date:

APPENDIX A
(Required of all Applicants seeking a Vintage Waiver)

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- A.1 The Generation Unit qualifies for a Vintage Waiver as a: (Please check ONE)
- Vintage Generation Unit
 - Generation Unit located at the site of Vintage Generation
- A.2 If you checked Vintage Generation Unit in Section A.1 above, please fill out the following:
- a. Is the Commercial Operation Date in Section 3.1 above on or before 12/31/97?
 - Yes
 - No
 - b. Historical Generation Rate: _____ MWh
 - c. Source used to document Historical Generation Rate: _____

 - d. Please attach a copy of relevant documentation of the Generation Unit's Historical Generation Rate.
- A.3 If you checked Generation Unit located at the site of Vintage Generation in Section A.1 above, please fill out the following:
- a. Were any Vintage Generation Units located at the address stated in Section 5.2 of the Standard Application at any time during calendar years 1995 through 1997?
 - Yes
 - No

- b. If you checked “yes” in Subsection (a) above, please provide the Generation Unit Asset Identification Number and Historical Generation Rate of each such Generation Unit:

Asset ID #: ___ ___ ___ ___ Historical Generation Rate: _____ MWh Source used to document
Historical Generation Rate:

Asset ID #: ___ ___ ___ ___ Historical Generation Rate: _____ MWh Source used to document
Historical Generation Rate:

Asset ID #: ___ ___ ___ ___ Historical Generation Rate: _____ MWh Source used to document
Historical Generation Rate:

- c. If you checked “yes” in Subsection (a) above, please attach a copy of relevant documentation of the Generation Units’ Historical Generation Rate.

APPENDIX B
(Required of all Applicants seeking a Co-Firing with Ineligible Fuels Waiver)
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- B.1 The Generation Unit uses an ineligible fuel in conjunction with an Eligible New Renewable Fuel:
- Yes
 No
- B.2 If you checked “yes” in Section B.1 above, please respond to the following:
- a. Please attach a copy of the Generation Unit’s Valid Air Permit or equivalent authorization.
- b. Effective date of Valid Air Permit or equivalent authorization:
____ / ____ / ____
- c. State or jurisdiction issuing Valid Air Permit or equivalent authorization:

- B.3 Please initial here to acknowledge that the monthly percentage of electrical energy output attributable to each fuel is, and will continue to be, reported to the NE-GIS Administrator each month pursuant to NE-GIS requirements: _____
- B.4 Please attach with this application:
- a. Data documenting, pursuant to 225 CMR 14.05(3)(a), the ratio of the net heat content of the Eligible Renewable Fuel consumed to the net heat content of all fuel consumed in that time period.
- b. A description of the procedures used by the Owner or Operator to obtain the data listed in Section B.4(a). Please also include a description of any quality control measures used to verify the uniformity of the heat content of the Eligible New Renewable Fuel or to account for variations in the heat content of Eligible New Renewable Fuel used in the Generation Unit.
- B.5 If you checked low-emission, advanced biomass in Section 2.1 of the Standard Application, please indicate whether the entire Generation Unit meets the requirements of a low-emission advanced biomass power conversion technology:
- Yes
 No

APPENDIX C

(Required of all Applicants seeking eligibility as a Small Generation Unit)

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- C.1 If you indicated that you self-report to the NE-GIS Administrator in Section 4.1, of the Standard Application Form, please indicate how the data quality may be verified:

- C.2 Please initial here to acknowledge that the Generation Unit's New Renewable Generation Attributes to be used for compliance with the Massachusetts Renewable Energy Portfolio Standard have not otherwise been, nor will be, sold, retired, claimed or represented as part of electricity output or sales, or used to satisfy obligations in jurisdictions other than Massachusetts: _____

APPENDIX D

(Required of all Applicants Located Outside of the ISO-NE Control Area)

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- D.1 Please initial here to acknowledge that the Generation Unit's New Renewable Generation Attributes to be used for compliance with the Massachusetts Renewable Energy Portfolio Standard have not otherwise been, nor will be, sold, retired, claimed or represented as part of electricity output or sales, or used to satisfy obligations in jurisdictions other than Massachusetts: _____
- D.2 Please initial here to acknowledge that the electricity delivered under the External Unit Contract received a North American Electricity Reliability Council Tag confirming transmission from the originating Control Area to the ISO-NE Control Area: _____
- D.3 If you initialed Section D.2 above, please attach a copy of the relevant North American Electricity Reliability Council Tag.

APPENDIX E
(Required When Owner or Operator is An Individual)

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I, _____, as Owner or Operator of the Generation Unit named in section 1.1 of the attached Application for Statement of Qualification, under the pains and penalties of perjury, hereby certify that _____, named in section 1.5 of the attached Application, is authorized to execute this Application for Statement of Qualification.

If the Generating Unit is a Small Generating Unit as provided in 225 CMR 14.05(4), I further certify that the New Renewable Generation Attributes have not otherwise been, nor will be, sold, retired, claimed or represented as part of electrical energy output or sales, or used to satisfy obligations in jurisdictions other than Massachusetts.

SIGNATURE:

DATE:

(title)

(TO BE COMPLETED BY NOTARY) I, _____ as a notary public, certify that I witnessed the signature of the above named _____, and said individual verified his/her identity to me on this date: _____, 20 ____.

SIGNATURE:

My commission expires on: _____

NOTARY SEAL:

APPENDIX F
(Required When Owner or Operator is a Non-Corporate Entity
Other Than An Individual)

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RESOLUTION OF AUTHORIZATION

Resolved: that _____, named in section 1.5 of the Application for Statement of Qualification as Authorized Representative, is authorized to execute the Application on the behalf of _____, the Owner or Operator of the Generation Unit named in section 1.1 of the Application.

SIGNATURE:

DATE:

(title)

(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 resolution, and the individual verified his/her identity to me, on this date: _____.

SIGNATURE:

DATE:

My commission expires on: _____

NOTARY SEAL: