STATE OF CALIFORNIA

CERTIFICATION OF AGGREGATED UNITS

CEC-RPS-3 (Revised 05/15)

CALIFORNIA ENERGY COMMISSION

–All information on this form and on any attachments is subject to public disclosure–

Please print and submit ponly the pages with completed information.

For Energy Commission use ONLY:

Electronic Copy Received:		Analyst Review:	
Analyst Review:		RPS Program Lead:	
Analyst Review:		Office Manager:	

Line	Assigned RPS ID	Facility Name	Facility Status in Aggregated Unit	Type of Certification	Eligibility date as part of this aggregated unit	Previously used RPS ID if any	Internal ID
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Name of Aggregated Unit: _____

- Specify an additional names: _____

Year the unit was created: _____

WREGIS GU ID: _____

Total nameplate capacity of all the facilties in the aggregated unit: _____ kW (AC)

WREGIS registration date: _____

Nameplate capacity of the active facilities in the aggregated unit: _____ kW (AC)

Energy Resource:

Total number of facilities in the aggregated unit: _____

Number of active facilities in the aggregated unit: _____

- ○ Photovoltaic
- ◉ Wind

Line	Other ID	Operations Date	Date of entry to aggregated unit	Nameplate Capacity kW (AC)	Has the facility received benefits from a rate-payer funded incentive program?		
					Yes / No	Specify Program	If other, identify utiilty or program
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STATE OF CALIFORNIA
CERTIFICATION OF AGGREGATED UNITS
CEC-RPS-3 (Revised 05/15)

CALIFORNIA ENERGY COMMISSION

Applicant Name: _____ Title: _____

Address: _____ Company: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Authorized Persons:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Line	Is this facility participating in a net metering tariff?	Does this facility satisfy all metering requirements?	Facility Location				
			Physical Address	City	State	Zip	GPS Coordinates
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I am an authorized officer or agent of the aggregated unit and all electrical generation facility owners in the aggregated unit with authority to submit this application on said facility owners' behalf, and hereby submit this application and any supplemental forms and attachments included herewith for certification or precertification of the individual facilities in the aggregated unit as a renewable electrical generation facilities eligible for California's RPS. I have read the above information as well as the *Renewables Portfolio Standard Eligibility Guidebook* , and understand the provisions, eligibility criteria, and requirements of that guidebook and my responsibilities under the guidebook. I acknowledge that any approval for the aggregated unit as RPS eligible from the Energy Commission is conditioned on the acceptance and ongoing satisfaction of all program requirements as set forth in the *RPS Eligibility Guidebook* by each facility owner. I further acknowledge that the Energy Commission may revise the *RPS Eligibility Guidebook* in the future, and that it is my responsibility to remain informed of any changes that could affect the certification of the aggregated unit and the eligibility of the individual electrical generation facilities comprising the aggregated unit. I declare under penalty of perjury that the information provided in this form and any supplemental forms and attachments included herewith is true and correct to the best of my knowledge and that I am authorized to submit this form and any supplemental forms and attachments included herewith on behalf of the above noted aggregated unit and the owners of the individual electrical generation facilities comprising the aggregated unit.

Authorized Officer/Agent: _____ Signature: _____

Title: _____ Company: _____

Line	Facility Owner Contact Information						
	Name of Owner	**Address**	**City**	**State**	**Zip**	**Phone**	**Email**
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Line	Assigned RPS ID	Facility Name	Facility Status in Aggregated Unit	Type of Certification	Eligibility date as part of this aggregated unit	Previously used RPS ID if any	Internal ID
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Line	Other ID	Operations Date	Date of entry to aggregated unit	Nameplate Capacity kW (AC)	Has the facility received benefits from a rate-payer funded incentive program?		
					Yes / No	Specify Program	If other, identify utiilty or program
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Line	Is this facility participating in a net metering tariff?	Does this facility satisfy all metering requirements?	Facility Location				
			Physical Address	City	State	Zip	GPS Coordinates
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Line	Facility Owner Contact Information						
	Name of Owner	Address	City	State	Zip	Phone	Email
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Line	Assigned RPS ID	Facility Name	Facility Status in Aggregated Unit	Type of Certification	Eligibility date as part of this aggregated unit	Previously used RPS ID if any	Internal ID
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Line	Other ID	Operations Date	Date of entry to aggregated unit	Nameplate Capacity kW (AC)	Has the facility received benefits from a rate-payer funded incentive program?		
					Yes / No	Specify Program	If other, identify utiilty or program
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Line	Is this facility participating in a net metering tariff?	Does this facility satisfy all metering requirements?	Facility Location				
			Physical Address	City	State	Zip	GPS Coordinates
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Line	Facility Owner Contact Information						
	Name of Owner	Address	City	State	Zip	Phone	Email
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