



All information provided in this application or any supplemental or additional materials is subject to public disclosure.

Section I: Type of Certification Requested

Original Certification Amended Certification Renewal Certification

Section II: Applicant Information

Applicant Contact: _____ Title: _____

Applicant Phone: _____

Applicant E-mail: _____

Applicant Company Name: _____

Company Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

If the applicant is not the facility owner, please provide a description of applicant’s relationship with facility and the duration of the relationship. Include documentation verifying the relationship.

Section III: Facility Information

Facility Owner

Name of Facility Owner: _____

Owner Address (if different from above): _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Facility Identification and Location

Unit Name: _____

Facility Name: _____

Please specify any additional names this facility has or is known by: _____

Unit location (street address, legal description, or GPS coordinates): _____

City: _____ County: _____

State/Province: _____ Zip: _____ Country: _____

Provide a detailed description of the facility.

Identification Numbers

WREGIS Generating Unit ID: _____ Other External ID: _____

EIA Utility Code: _____ EIA Plant Code: _____

Section IV: Facility Eligibility

Statutory Support

Provide citation of the specific section of Oregon statute (ORS 469A) under which your facility qualifies. Indication of the general eligibility section (469A.025) is not sufficient.

Facility Profile

Nameplate Capacity (MW):
If this value will change, please explain:

Commercial Operation Date (COD): ____/____/____

First Eligible Vintage Date: ____/____
First eligible vintage date represents the first month in which WREGIS renewable energy certificates (RECs) are eligible for the Oregon RPS. If this vintage date is before the commercial operation date listed above, please explain in detail:

Is your facility considered repowered by WREGIS or any other entity? Yes No
If yes, please explain.

Facility Fuel

Indicate each energy source used by the facility. For multi-fuel generating facilities indicate all fuels used. Certain fuels require supplemental forms and information. Reference Section VI for a list.

<input type="checkbox"/>	Biomass	<input type="checkbox"/>	Wind
	<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/>	Solar Photovoltaic
	<input type="checkbox"/> Other Biomass:		<input type="checkbox"/> Is this project eligible for compliance with the Solar Capacity Standard (OAR 860-084-0020)?
<input type="checkbox"/>	Geothermal	<input type="checkbox"/>	Ocean Wave
<input type="checkbox"/>	Hydropower	<input type="checkbox"/>	Tidal Current
	<input type="checkbox"/> Efficiency Upgrade	<input type="checkbox"/>	Ocean Thermal
	<input type="checkbox"/> Low Impact Hydropower	<input type="checkbox"/>	Hydrogen Gas
	<input type="checkbox"/> New Facility		

Other (please specify):

Will the facility use any fossil fuel or other non-qualifying fuel? Yes No

- Type of fossil fuel or other non-qualifying fuel:
- Average annual amount of non-qualifying fuel used (volume, %):

Facilities that annually use non-qualifying fuel in excess of two percent of their annual fuel usage must complete the Multi-Fuel Supplement.

Section V: Facility Employment Estimate

Provide estimates for the jobs and employment hours of those directly related to the planning, design, construction, installation and operations or maintenance of the facility.

Step 1: Determine the jobs that directly relate to the planning, design, construction, installation, and operations or maintenance of the facility. You may include jobs of contractors and sub-contractors if their scope of work is directly related to the facility.

Step 2: For each job listed, estimate the number of hours worked directly related to (a) planning and design, (b) construction and installation and (c) operations and maintenance for the facility. For operation and maintenance hours you may include an estimate for five years of facility operation.

Planning and Design Jobs and Hours

Type of Planning or Design Job	# of Jobs	Total # of Hours

Construction and Installation Jobs

Type of Construction or Installation Job	# of Jobs	Total # of Hours

Operations and Maintenance Jobs

Type of Operations and Maintenance Job	# of Jobs	Total # of Hours

Section VI: Additional Supplemental Applications

Some facilities must submit additional materials to demonstrate compliance with RPS requirements. Please indicate below the supplemental applications that you are submitting for your facility.

Supplemental Form

- Biomass Supplement
- Capacity Upgrade Supplement
- Efficiency Upgrade Supplement
- Hydrogen Gas Supplement
- Hydropower Supplement
- Multi-Fuel Supplement

Section VII: Application Checklist for Submission

Applicants should ensure that the following documents are provided:

1. Electronic copy of general RPS application.
2. Signed attestation page.
3. Applicable supplemental forms.
4. WREGIS "static data." A printout of your generator account profile screen in WREGIS.
5. Project background documentation. Background documentation can be submitted or published in regulatory settings (FERC or PUC filings) or informal forums (websites, articles or factsheets).

To submit your facility for certification, e-mail the application and supplemental materials listed above to rps.application@state.or.us.

Section VIII: Reservation

The Oregon Department of Energy reserves the right to request additional information to confirm or clarify information provided in this application or any attachments. The Department or its authorized agents may audit any applicant to verify the accuracy of information provided in this application. As part of the audit the applicant may be required to provide the Department or its authorized agents any and all information necessary to verify the accuracy provided in this application.

The applicant must promptly notify the Department of any changes to the information submitted for certification that may affect the facility's eligibility for the RPS.

Section IX: Attestation

I declare that the information provided in this application and any supplemental forms and attachments are true and correct to the best of my knowledge, that the information contained in this submission is consistent with information on file with WREGIS unless otherwise indicated, that no information materially affecting the facility's eligibility has been withheld, and that I am authorized to file this submission on the facility owner's behalf.

Name of Facility:

Authorized Officer/Agent:

Officer Title:

Signature:

Date Signed: