

**Rate Schedule 5. Appendix I  
Restoration Services Certification Form**

**[Name of Generator]** hereby certifies that the **[name/location of unit]** performed a Black Start Capability Test on **[date]** and **[successfully completed/did not complete]** this test in accordance with the applicable ISO Procedures.

**[Name of Generator]** further certifies that it has identified a list of critical components in its units providing Restoration Services (e.g., batteries, diesel back-up generators, inverters etc.), maintains such critical components, and has performed tests to verify the condition of these critical components in accordance with good utility practice.

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*Signature of Officer*