Rate Schedule 5. Appendix II
Restoration Services Certification Form

[Name of Generator] hereby certifies that the **[name/location of unit]** performed a Black Start Capability Test on **[date]** in accordance with the ISO Procedures and **[successfully completed/did not complete]** this test in accordance with the test protocols set forth in Appendix I of Rate Schedule 5 of the ISO Services Tariff.

[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.

_____

Signature of Officer