

DOCKETED

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| Docket Number: | 24-OIR-01 |
| Project Title: | Rulemaking on AB 1373 POU Capacity Payment to Implementation |
| TN #: | 268861 |
| Document Title: | STD 400 Stamped |
| Description: | N/A |
| Filer: | TJ Singh |
| Organization: | California Energy Commission |
| Submitter Role: | Commission Staff |
| Submission Date: | 2/27/2026 1:02:41 PM |
| Docketed Date: | 2/27/2026 |

NOTICE PUBLICATION/REGULATIONS SUBMISSION

For use by Secretary of State only

STD. 400 (REV. 10/2019)

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| OAL FILE NUMBERS | NOTICE FILE NUMBER Z-2026-0217-03 | REGULATORY ACTION NUMBER | EMERGENCY NUMBER |
| For use by Office of Administrative Law (OAL) only | | | |
| OFFICE OF ADMINISTRATIVE LAW | | | |
| <i>Electronic Submission</i> | | | |
| RECVED DATE 02/17/2026 | PUBLICATION DATE 02/27/2026 | | |
| NOTICE | | REGULATIONS | |
| AGENCY WITH RULEMAKING AUTHORITY California Energy Commission | | | AGENCY FILE NUMBER (If any) 24-OIR-01 |

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

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|---|--|--|------------------------------------|--|
| 1. SUBJECT OF NOTICE POU Capacity Payments | | TITLE(S) 20 | FIRST SECTION AFFECTED 1395 | 2. REQUESTED PUBLICATION DATE 2/27/2026 |
| 3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other | | 4. AGENCY CONTACT PERSON Ross Daley | TELEPHONE NUMBER (916) 980-7949 | FAX NUMBER (Optional) |
| OAL USE ONLY | ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn | NOTICE REGISTER NUMBER | PUBLICATION DATE | |

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

| | | | | |
|--|---|---|---|--|
| 1a. SUBJECT OF REGULATION(S) | | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) | | |
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) | | | | |
| SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) | ADOPT | | | |
| | AMEND | | | |
| TITLE(S) | REPEAL | | | |
| 3. TYPE OF FILING | | | | |
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) | |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) | <input type="checkbox"/> File & Print | <input type="checkbox"/> Print Only | |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) | <input type="checkbox"/> Other (Specify) _____ | | | |
| 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) | | | | |
| 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) | | | | |
| <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> §100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) _____ | |
| 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY | | | | |
| <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal | | |
| <input type="checkbox"/> Other (Specify) _____ | | | | |
| 7. CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) | |

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

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|--------------------------------------|------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE | DATE |
| TYPED NAME AND TITLE OF SIGNATORY | |

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