

**(TO BE COMPLETED BY LOAD SERVING ENTITIES)
 REPORT to the CALIFORNIA ENERGY COMMISSION
 Procurement of Renewable Energy Generation from RPS
 Certified Facilities**

California Energy Commission
DOCKETED
11-RPS-01
 TN # 70596
 MAY 03 2013

GENERAL INSTRUCTIONS

Please enter your company's name and the calendar year covered by this report.

Company Name	
Calendar Year Covered in this Report	

PLEASE ENABLE MACROS FOR THE FORMS TO WORK PROPERLY. Fill out Schedule 1 and verify that only RPS-eligible procurement which has not been reported in WREGIS is included on the forms. E-mail the completed file to the address shown below. Then print out the file, sign the attestation as appropriate, and mail the package to the address shown below:

**California Energy Commission
 e-mail: RPSTrack@energy.ca.gov**

Renewable Energy Program
 Attn: Interim Tracking
 California Energy Commission
 1516 9th Street, MS-45
 Sacramento, CA 95814-5512

Responses to this request are due on July 1st of Each Year.

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FOOTNOTES

Schedule 1 - Procurement of Renewable Energy Generation from RPS Certified Facilities

1	Enter the California Energy Commission RPS Certification number for the generating facility.
2	Enter the Energy Information Administration identification number for the generating facility, if available.
3	Enter the Western Renewable Energy Generation Information System Generating Unit Identification number for the generating facility.
4	Enter the name of the RPS-eligible generating facility.
5	Choose the fuel type of the RPS-eligible generating facility.
6	Choose the product content category (PCC) classification code. For POUs, select either HC10, PCC0, PCC1, PCC2, or PCC3 depending on the type of PCC classification of each claim. For POUs without PBR obligations, select either PCC0, BNDL, or TREC depending on the type of procurement for each claim. For retail sellers, select RTSL for each claim.
7	Enter the vintage year for which the renewable energy was generated.
8	Choose the month of the year for which the renewable energy was generated.
9	Enter the total monthly generation amount reported in MWh. Include four decimal points to show kWh.
10	Enter the e-Tag Identification number (e-Tag Code) for scheduled energy that is matched with each PCC1 and PCC2 procurement claims from facilities not interconnected to a CBA or facilities using incremental energy to firm and shape energy

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 ATTESTATION FORM**

I, (print name and title) _____, declare under penalty of perjury that the statements contained in Schedules 1, and in additional WREGIS report attachments, are true and correct and that I, as an authorized agent of (print name of company) _____, have authority to submit this report on the company's behalf. I further declare that the megawatt-hours claimed as specific purchases as shown in Schedule 1, and in additional WREGIS report attachments, are to the best of my knowledge, sold once and only once to retail consumers. The renewable electricity and associated Renewable Energy Certificates used for RPS compliance have not otherwise been, nor will be, sold, retired, claimed, or represented as part of electrical energy output or sales, or used to satisfy obligations in any other jurisdiction or renewable energy program, and for no other reason than to comply with California's Renewables Portfolio Standard.

To count generation from facilities not directly connected to a California Balancing Authority (CBA) or facilities using incremental energy scheduled into a CBA to firm and shape energy for purposes of RPS compliance, the facility must enter an ownership, or power purchase, agreement with the publicly owned utility (POUs), retail seller or procurement entity and electricity must be delivered to a market hub (also referred to as "zone") or point of delivery (also referred to as "node") directly interconnected to a CBA. The requirements of the foregoing sentence do not apply to retail sellers subject to Public Utilities Code Section 399.17 or POUs subject to 399.18 and 399.30 (h).

Signed: _____

Dated: _____

**CONTACT INFORMATION
(FOR PREPARER OF THIS REPORT)**

Name _____

Title _____

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail _____