### Appendix C

**Qualified Transmission Project Sponsor Annual Certification Form**

**Instructions:**

* **Questions related to this form and the QTPS process are to be directed to:**
	+ [QTPS@iso-ne.com](file:///C%3A%5CUsers%5Cmdrzewianowski%5CDocuments%5CPlanning%20Process%20Guide%5CDecember%202103%5C2014%5CJuly%202014%5CPlanning%20Process%5C5-14-2015%5CQTPS%40iso-ne.com) , or Michael Drzewianowski at 413-540-4419
* **Include attachments, if needed:**

A QTPS may, as an attachment to this form, include a separate document to explain, or provide additional supporting information, as to why there may have been an adverse material change to the information included in the Accepted Application. Please mark the attachment so that it is clear as to which question the answer/material relates.

* **Submittal of Form:**
	+ A QTPS must complete and submit this QTPS Annual Certification Form to the ISO between the beginning of the day on January 1st through the end of the day on January 31st of every year following ISO-NE’s approval of the entity’s QTPS status.
	+ Submit this “QTPS Annual Certification Form” to the ISO via [QTPS@iso-ne.com](file:///C%3A%5CUsers%5Cmdrzewianowski%5CDocuments%5CPlanning%20Process%20Guide%5CDecember%202103%5C2014%5CJuly%202014%5CPlanning%20Process%5C5-14-2015%5CQTPS%40iso-ne.com)

**QTPS Annual Certification Form**

Submittal Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Entity with QTPS Status: \_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby represents that all statements made herein, including any supporting documents, are true to the best of his/ her knowledge and belief.

**Part I – Declaration of Adverse Material Change**

Please mark either of the following relevant to the intervening year:

\_\_\_\_\_ There **have not** been any adverse material changes to the information included in the Accepted Application.

\_\_\_\_\_ There **has** been an adverse material change(s) to the information included in the Accepted Application.

* If so, please explain.

**Part II – Identification of Supporting Agreements**

Please mark any of the following that currently apply:

As of January 1st of this year, the entity with QTPS status is party to:

\_\_\_\_\_ the TOA

\_\_\_\_\_ an NTDOA

\_\_\_\_\_ an MPSA (i.e., is a Market Participant)

**Part III – Signature**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative of QTPS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QTPS Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dun and Bradstreet Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed