**Notice of Probability of Returning to Service**

**Mothballed Generation Resource or Reliability Must-Run (RMR) Units**

By April 1 and October 1 of each year and when material changes occur, a Resource Entity that owns or controls a Mothballed Generation Resource or a RMR Unit shall use this form to report to the Electric Reliability Council of Texas Inc. (ERCOT), on a unit-specific basis, the estimated lead time required for each Resource to be capable of returning to service and, in percentage terms, report the probability that the generation capacity is expected to return to service in each Season of each of the next ten years. This notification does not constitute a commitment to return to service, but should indicate the Resource Entity’s best estimate of the required information.

Complete, execute and send this form to ERCOT on or before April 1 and October 1, electronically via email to [MPRegistration@ercot.com](mailto:mpappl@ercot.com) (.pdf) or mail to ERCOT, Attention: Market Participant Registration, 8000 Metropolis Drive, Building E, Suite 100, Austin, TX 78744. Please submit one form per site.

**Date of Notice:**

**Resource Entity:**

**DUNS Number:**

**Resource Name(s):**

In the table below, enter the estimated probability (as a percentage) that mothballed or RMR generation capacity from each Generation Resource(s) is expected to return to service during each of the indicated seasons (S = Spring, U = Summer, F = Fall and W = Winter) of each year. Use additional forms for sites with more than three units.

Lead Time refers to an estimated number of days required for each Generation Resource to be capable of returning to service.

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|  | Unit Code:  Lead Time (Days): | | | | Unit Code:  Lead Time (Days): | | | | Unit Code:  Lead Time (Days): | | | |
| Period  (Year) | S | U | F | W | S | U | F | W | S | U | F | W |
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The undersigned certifies that they are an Authorized Representative (AR), Backup AR and/or Officer, authorized to execute and submit this notice on behalf of the Resource Entity, and that the statements contained herein are true and correct to the best of their knowledge.

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| --- | --- |
| Signature: |  |
| Printed Name: |  |
| Title: |  |
| Email Address: |  |
| Date: |  |