### **PUBLIC UTILITIES COMMISSION**

505 VAN NESS AVENUE SAN FRANCISCO, CA 94102-3298



# RECERTIFICATION OF COMPLIANCE WITH MAINTENANCE STANDARDS

(Decision 04-12-049; General Order. 167-C § 6.0)

DATE:			
то:	Electric Safety and Reliability Branch (ESRB)  - Generation and Energy Storage Section Safety and Enforcement Division (SED) California Public Utilities Commission (CPUC)		
FROM:	Name of Facility:		
	Unit Number:		
	Address of Facility:	Street:	
		City & State:	
		Zip Code:	
	Owner of Facility:		
	Address of Facility Owner:	Street:	
		City & State	
		Zip Code	
	Designated Contact Person:		
	Title:		
	Address: (if different from above)	Street:	
		City & State:	
		Zip Code:	
	Telephone Number:		
	E-mail Address:		

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## Implementation and Enforcement of Operation and Maintenance Standards, Pursuant to Public Utilities (Pub. Util.) Code §761.3 and General Order 167-C

I verify that the facility identified above is owned by an electrical corporation or located in California (Pub. Util. Code §761.3).

I further verify the following:

### Compliance or Non-Compliance with Maintenance Standards

(Check either A or B (to mark the box next to each task as complete, please double click, select checked under 'default value', click 'okay', and the box will be marked), and sign and date below)

A.	The facility <b>complies</b> with Maintenance Standards.	
	The above-referenced facility has adopted and is implementing a Maintenance Plan that complies with all Maintenance Standards, set forth in General Order 167-C.	
B.	The facility does not comply with Maintenance Standards.	
	The above-referenced facility complies with some, but not all, of the Maintenance Standards set forth in General Order 167-C. The facility has identified and documented deficiencies in its maintenance practices and has adopted a course of corrective action that is reasonably designed to achieve compliance with the Maintenance Standards within 180 days from today.	

### VERIFICATION BY EMPLOYEE/OFFICER OR ATTORNEY

(California Public Utilities Commission, Rules of Practice & Procedure, Rule 2.4)

Verification by employee or officer:

I am an employee, or an officer, of the facility identified above, that is subject to Pub. Util. Code §761.3. I am authorized to make this verification on its behalf. The above statements are true to the best of my own knowledge, except as to matters that are stated on information or belief, and as to those matters, I believe them to be true. I have exercised due diligence and reasonable care in determining the truth, or believed the truth, of these matters.

declare under the penalt Executed on	ty of perjury that t	the foregoing is true and, at	l correct. , California.				
Signature	<b>;</b>						
	Signature Full Name						
	TitleAddress						
	City, State, Zip Code						
	Phone						
	E-Mail						
Alternative verification (Where employee/offic		County of attorney's of	fice or otherwise unable to verify)				
document. I make this statements are true to the	fornia, where I have verification for the he best of my known atters, I believe trmining the truth,	ve my office, or is othe at reason, and I am auth wledge, except as to mathem to be true. I have or believed the truth, or	cility is absent from the County of rwise unable to verify this corized to do so. The above atters that are stated on information exercised due diligence and f these matters.				
Executed on		, at	, California.				
Signature	<b>)</b>						
Full Name							
F-Mail							