



Appendix A

Attestation to the California Public Utilities Commission of Eligibility for CA
Industry
Assistance

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| Eligibility | |
| By checking this box, I confirm that my facility is not required to report to the California Air Resources Board under its Regulation for Mandatory Reporting of Greenhouse Gas Emissions (MMR) and is eligible for CA Industry Assistance.* | [check box] |
| Form Contact Information | |
| Company Name* | |
| Authorized Representative Name* | |
| Authorized Representative Title* | |
| Email* | |
| Phone* | |
| Mailing Address* | |
| Facility Information | |
| Facility Name* | |
| Service Address* | |
| Primary NAICS Code* | |
| Description of Primary Facility Operations | |
| Primary Utility Account Number* | |
| Additional Utility Account Number* | |
| Additional Utility Account Number(s) | |
| Account Number for Bill Credit | |
| | |
| Acknowledgement of Audit | |
| I understand that as a result of submitting this attestation, I may be selected for an audit. If I am selected for an audit, I agree to comply with all requests for documents to support any information provided in this Attestation. I also agree to allow a Commission designee or utility designee to inspect my facility to verify the activities I am claiming in my Attestation* | [Signature] |
| | |
| Certification | |
| I certify under penalty of perjury under the laws of the State of California that I have personal | [Signature] |



| | |
|---|--------------------|
| <p>knowledge of the facts stated in this Attestation and I have the authority to make this Attestation on behalf of the Company. I further certify, to the best of my knowledge, all of the statements and representations made in this Attestation are true and correct. I understand that any false statements of misrepresentations could subject me, personally, and the company that I represent to penalty, including those penalties specified in Public Utilities Code Sections 2111 and 2112.*</p> | |
| <p>I understand that I am responsible for notifying the utility and/or the California Public Utilities Commission of any changes to the information reported in this form. I am required to provide updates in writing within 60 days of a change in facility operations.*</p> | <p>[Signature]</p> |
| | |
| <p>Comments</p> | |
| | |

* Required Fields

Mail Attestation to:

Liberty Utilities
 Attn: Regulatory Affairs
 P.O. Box 19
 Tahoe Vista, CA 96148