**ERCOT Nodal Protocols**

**Section 23**

**Form Q: Attestation Regarding Market Participant Citizenship, Ownership, or Headquarters**

**May 1, 2024**

**Attestation Regarding Market Participant Citizenship, Ownership, or Headquarters**

**Legal Name of Market Participant (Applicant):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Address of Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant DUNS Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the one box that applies [do not check both boxes]:

1. With respect to the above referenced Applicant, I hereby attest that, to the best of my knowledge and belief following reasonable diligence:

 NONE of the following statements in paragraphs (A) - (D) are TRUE.

 ONE OR MORE of the following statements in paragraphs (A) - (D) are TRUE.

(A) The Applicant, or a wholly-owned subsidiary, majority-owned subsidiary, parent company, or Affiliate of the Applicant, is owned by:

(i) Individuals who are citizens of a Lone Star Infrastructure Protection Act (LSIPA) Designated Country; or

(ii) A company or other entity, including a governmental entity, that is owned or controlled by citizens of or is directly controlled by the government of an LSIPA Designated Country; or

(B) The majority of stock or other ownership interest of the Applicant, or a wholly-owned subsidiary, majority-owned subsidiary, parent company, or Affiliate of the Applicant is held or controlled by:

(i) Individuals who are citizens of an LSIPA Designated Country; or

(ii) A company or other entity, including a governmental entity, that is owned or controlled by citizens of or is directly controlled by the government of an LSIPA Designated Country; or

(C) The Applicant, or a wholly-owned subsidiary, majority-owned subsidiary, parent company, or Affiliate of the Applicant is headquartered in an LSIPA Designated Country; or

(D) The Applicant is a person and is a citizen of an LSIPA Designated Country.

**If you checked the box for “ONE OR MORE of the following statements in paragraphs (A) - (D) are TRUE” solely because a wholly-owned subsidiary, majority-owned subsidiary, or Affiliate meets any of the citizenship or headquarters criteria listed above, then please answer question 2 below.**

2. With respect to the subsidiary or Affiliate at issue and Applicant’s access to ERCOT systems, check the one box that applies [do not check both boxes]:

 The subsidiary or Affiliate will NOT have direct or remote access to or control of ERCOT’s Wide Area Network (WAN), Market Information System (MIS), or any data from such ERCOT systems.

 The subsidiary or Affiliate will have direct or remote access to or control of ERCOT’s WAN, MIS, or any data from such ERCOT systems.

By signing below, I certify that I am authorized to bind the Applicant listed above, that I am authorized to execute and submit this attestation on behalf of Applicant, and that the statements contained herein are true and correct.

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

Signature

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Name

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Title

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Date