| **COMPLETE AND SUBMIT THE FOLLOWING INFORMATION:** |
| --- |
| TFE Applicant (Market Participant) Name: |
| TFE Applicant Market Participant ID (if applicable): |
| Requested Submittal Date: |
| Is this an amended TFE Request? Select One Is this a Material Change Report (MCR)?  Yes  No |
| If yes, what is the original TFE ID: |
| Is this a Material Change Report (MCR)? Select One  Yes  No |
| If yes, what is the original MCR ID: |
| **TECHNICAL CONTACT** |
| Name: |
| Mailing Address: |
| Telephone No:       Extension: |
| Fax No:       E-mail: |

Applicable Requirement for which the TFE Request/MCR is being submitted (select one):

| CIP-005, Requirement R1.4 | CIP-005, Requirement R2.1 |
| --- | --- |
| CIP-005, Requirement R2.2 | CIP-005, Requirement R2.3 |
| CIP-006, Requirement R1.3 | CIP-007, Requirement R1.1 |
| CIP-007, Requirement R4.3 | CIP-007, Requirement R5. 1 |
| CIP-007, Requirement R5.6 | CIP-007, Requirement R5.7 |
| CIP-010, Requirement R1.5 | CIP-010, Requirement R3.2 |

Number of Covered (Cyber) Asset(s) for which the TFE is being requested:

For which type(s) of equipment, process, or procedure at or associated with the Covered Asset(s) and subject to or required by the Applicable Requirement is the TFE Request/MCR submitted? If relying upon a NERC or IESO Class-Type TFE, select “Class-Type TFE” and enter the Class-Type TFE Identifier below. Select one or more types.

| Data Storage Device | Physical Access Monitoring System |
| --- | --- |
| Digital Protective Control Device | Physical Security Perimeter |
| Electronic Access Control System | Relay |
| Electronic Access Monitoring System | RTU |
| Industrial/Process Control System | Server |
| Mainframe Computer | Telecommunications Device |
| Network/Data Communications Device | Transmitters |
| PC/Laptop | Valve Controllers |
| Peripheral Device (e.g. printer) | Class-Type TFE |
| Physical Access Control System | Other |

If other, please briefly describe, or if Class-Type TFE, enter the NERC or IESO Class-Type TFE Identifier:

Description of device type (including model, quantities, device ID assigned by the applicant and physical location):

Actual or estimated date in which device(s) is (are) placed into production

What is the basis for the TFE Request/MCR? Select one.

| Not technically possible | Cannot achieve by compliance date |
| --- | --- |
| Operationally infeasible | Unacceptable safety risks |
| Precluded by technical limitations | Conflicts with other statutory or regulatory requirement |
| Adverse effect on BES reliability | Excessive cost that exceeds reliability benefit |

Provide an explanation of why the Responsible Entity cannot achieve Strict Compliance with the Applicable Requirement:

What is the estimated impact on reliable operation of the Bulk Electric System if the compensating and mitigating measures for the covered asset(s) are not sufficient and cyber security is compromised? Select One.

| Minimal Impact | Moderate Impact | Severe Impact |
| --- | --- | --- |

Provide a brief summary of the assessment of impact on Bulk Electric System if proposed compensating and/or mitigating measures are insufficient or unsuccessful:

Provide a description of the compensating and/or mitigating measures that are planned or have been implemented to achieve strict compliance with Applicable Requirement(s):

Have the compensating and/or mitigating measures been fully implemented?

Yes  No

If Yes, what is the actual completion date for implementing all necessary compensating and/or mitigating measures?

If No, what is the proposed schedule for implementing all necessary compensating and/or mitigating measures?

Is there a proposed plan and time schedule for terminating the TFE and achieving Strict Compliance with the Applicable Requirement?

Yes  No

If Yes, what is the proposed Expiration Date?

And, what is the plan for terminating the TFE? Select One.

| Replace the equipment/process/location | Research means to reach strict compliance |
| --- | --- |
| Update the equipment/process/location | Design means to reach strict compliance |
| Eliminate the need for the equipment/process/location | Test means to reach strict compliance |
| Other – Briefly explain below |  |

Provide a brief explanation for “Other”:

If No, explain why an open-ended TFE is requested:

Is this TFE Request/MCR supported, in whole or in part, by Critical Energy Infrastructure Information (CEII), or Protected FIPPA Information?

Yes  No

Itemized list of information the company intends to provide in support of the TFE Request/MCR (please indicate which specific classified information components are prohibited by law from disclosure if applicable):

Does the TFE Applicant understand and agree to the requirement to submit timely periodic and other reports as specified in the approved TFE? The reports that the TFE Applicant may be required to submit following approval of the TFE request to the applicable Regional Entity include: (i) reports on the TFE Applicant’s progress in implementing and maintaining the compensating measures and/or mitigating measures the TFE Applicant is adopting pursuant to the approved TFE; (ii) reports on the TFE Applicant’s progress in implementing steps and/or conducting research and/or analysis to achieve Compliance with the Applicable Requirement; and (iii) reports supporting the continued justification for the approved TFE.

Yes  No

**Include a statement, signed and dated by the Senior Manager, asserting that the Senior Manager or Delegate has read the TFE Request/MCR and approved the compensating/ mitigating measures and the implementation plan, and that he/she believes approval of the TFE Request/MCR is warranted pursuant to the criteria specified in Section 3.0 of Appendix 4D of the NERC Rules of Procedure.**