



## Protective Order or Confidential Filing Certification

### **If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or Highly Sensitive Protected Materials, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or Highly Sensitive Protected Materials shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPC shall be used only for the purpose of the proceeding in Docket No. \_\_\_\_\_. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or Highly Sensitive Protected Materials is obtained from independent public sources, the understanding stated here shall not apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Party Represented

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

I also certify that I am eligible to have access to Highly Sensitive Protected Materials under the terms of the Protective Order in this docket.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Party Represented

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### **If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Staff job title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date