**Appendix 2A**

**CIPS Variance or Technical Feasibility Exception Request Form**

This form may be used to request a:

* Technical Feasibility Exception (“TFE”) to those requirements that use the phrase “where technically feasible”; or
* variance to those requirements that do not use the phrase “where technically feasible”

of the CIP ARS. Once this form is completed, contact ADQ@aeso.ca to set up a SharePoint Online site or to arrange for a mutually acceptable alternative for secure exchange of information.

1. Request Date

Click here to enter text.

1. Responsible Entity Name

|  |  |
| --- | --- |
| Legal Company Name:  | Click here to enter text. |

1. Applicable CIP ARS Requirement

Identify the specific CIP ARS and any requirements that are the subject of this request.

|  |  |
| --- | --- |
| CIP ARS Number and Name  | Requirement Numbers  |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. Requested Effective and Expiration Dates

If a specific effective date is desired for the variance or TFE to take effect, provide the date and the rationale. Please note the earliest possible date for a variance or TFE to take effect is the date of the AESO’s approval. Please also identify an expiry date for the variance or TFE. This date should align with the dates in your remediation plan to achieve compliance with the applicable requirements described in section 10 of this form.

|  |  |
| --- | --- |
| Effective Date | Click here to enter text. |
| Rationale | Click here to enter text. |
| Expiry Date, if any | Click here to enter text. |
| Rationale | Click here to enter text. |

1. Description of the Assets

### Asset means any of the following defined terms: “BES cyber asset”, “BES cyber system”, “protected cyber asset”, “electronic access control” or “monitoring system”, or “physical access control system”, as defined on the [AESO’s website](https://www.aeso.ca/rules-standards-and-tariff/consolidated-authoritative-document-glossary/) with the effective date of October 1, 2017. Complete the table below for each asset for which this request is being made (copy and paste the table for additional assets).

|  |  |
| --- | --- |
| Asset Identifier (assigned by Responsible Entity) | Click here to enter text. |
| Physical Location of AssetClick here to enter text. |
| Description of the AssetClick here to enter text. |

1. Grounds for the Variance or TFE Request

Identify which of the following grounds apply to the variance or TFE request and provide the rationale. Compliance with the requirements of the subject CIP ARS:

|  |  |
| --- | --- |
| [ ]  | 1. is not technically possible or is precluded by technical limitations;

Rationale: Click here to enter text. |
| [ ]  | 1. is operationally infeasible

Rationale: Click here to enter text. |
| [ ]  | 1. could adversely affect reliability of the interconnected electric system to an extent that outweighs the reliability benefits of compliance with the requirement;

Rationale: Click here to enter text. |
| [ ]  | 1. while technically possible and operationally feasible, cannot be achieved by the date the Responsible Entity is required to comply with the CIP ARS due to factors such as scarce technical resources, limitations on the availability of required equipment or components, or the need to construct, install or modify equipment during planned outages;

Rationale: Click here to enter text. |
| [ ]  | 1. would pose safety risks or issues that outweigh the reliability benefits of compliance with the requirement;

Rationale: Click here to enter text. |
| [ ]  | 1. would conflict with, or cause the Responsible Entity to be non-compliant with, a separate statutory or regulatory requirement applicable to the Responsible Entity, the asset or the related facility that must be complied with and cannot be waived or exempted; or

Rationale: Click here to enter text. |
| [ ]  | 1. would require the incurrence of costs that far exceed the benefits to the reliability of the interconnected electric system of compliance with the requirement

Rationale: Click here to enter text. |
| [ ]  | 1. is not possible for the following grounds which are not frivolous or of little merit:

Rationale: Click here to enter text. |

1. Costs and Schedule to Comply with Requirements

Provide an estimate of the costs and schedule to comply with the requirements for which you are seeking a variance or TFE.

Click here to enter text.

1. Alternatives Considered

Describe what alternatives to the variance or TFE were considered and why they were rejected. For example, if complying with the requirement would pose a safety risk, explain what options were considered to mitigate the safety risks and why they were rejected.

Click here to enter text.

1. Mitigation of Negative Effects

What mitigation measures of mitigation plan are in place or can be put in place to address the negative effects of the proposed variance or TFE. Please include a schedule for the completion of mitigation measure milestones and a completion date for the implementation of the mitigation plan.

Click here to enter text.

1. Remediation Plan

Describe the remediation plan to eliminate the variance or TFE and achieve compliance with the applicable CIP ARS requirements, including milestones and a reasonable expiration date of the variance or TFE. If remediation is not possible, provide the reasons.

Click here to enter text.

1. Other Relevant Information

Is there any other relevant information for the AESO to consider when evaluating this variance or TFE request?

Click here to enter text.

1. Requested Date and Rationale for AESO Decision

If a specific date is desired for the AESO’s decision, provide the date and the rationale. Please note that the AESO will endeavour to meet the requested date but may not if there is insufficient time to process the request and come to a decision.

Click here to enter text.

1. Contact Information

By submitting this form, the following person confirms that they are the authorized representative of the market participant and that the information contained in this request form is accurate and true to the best of their knowledge.

|  |  |
| --- | --- |
| Contact Name  | Click here to enter text. |
| Title | Click here to enter text. |
| Email Address | Click here to enter text. |
| Telephone Number | Click here to enter text. |

1. Appendices

If there are documents (e.g. reports/studies/technical papers), diagrams, or e-mails that would provide additional clarity and details relating to statements or conclusions in the variance or TFE request, identify the documents by name and date and attach them as appendices to this request form.

Click here to enter text.