

**TO BE COMPLETED BY PFI or PFL**

**PFI/PFL Name:** \_\_\_\_\_

**PFI/PFL Program Participation ID#:** \_\_\_\_\_

**Program ID #: 1220**

**PFI/PFL Internal Loan ID#:** \_\_\_\_\_

**CHEEF Loan ID#:** (for projects that have received Pre-Approval):  
\_\_\_\_\_

**CERTIFICATE OF COMPLETION**

**Section 1. Contractor Information**

(a) Qualified Contractor Business Name: \_\_\_\_\_  
*(Please list your name as it was submitted on the Qualified Contractor Application to participate in the Program)*

(b) CSLB License #: \_\_\_\_\_

**Section 2. Project Information**

(c) Project Start Date: \_\_\_\_\_

(d) Permit Number(s): \_\_\_\_\_  Not Applicable

(e) Project Address: \_\_\_\_\_

(f) City: \_\_\_\_\_ (g) Zip Code: \_\_\_\_\_

(h) Did the improvements installed include three or more EEEMs including at least one of measures described in (1) through (3) below?

- (1) Whole building air sealing
- (2) Duct sealing and/or duct replacement
- (3) Attic insulation and air sealing

Yes  No *If you've answered, "Yes," please also complete Section 4.*

**Section 3. Utility and Rebate/Incentive Information**

Utilities providing service to the property:

(i) Gas Utility:  PG&E  SCE  SDG&E  SoCalGas  Other \_\_\_\_\_

(j) Electric Utility:  PG&E  SCE  SDG&E  Other \_\_\_\_\_

(k) Has the project received, or will the project receive, a rebate or incentive from an Investor-Owned Utility, CCA, or Regional Energy Network program?  Yes  No

**If "Yes,"**

(l) Program Name: \_\_\_\_\_ (m) Rebate/Incentive: ID# \_\_\_\_\_  
*(include initials of utility) (if available)*

(n) Rebate or Incentive Amount: \$ \_\_\_\_\_ (o)  Anticipated  Actual

(p) Will the rebate and/or incentive be directly applied towards the cost of the project?  Yes  No

**Section 4. Combustion Appliance Safety/Combustion Appliance Zone Test Information**  
(If you answered "Yes" to Section 2. (h), please complete this section.)

The Combustion Appliance Safety test or Combustion Appliance Zone test was completed and passed prior to the enrollment of the Eligible Loan.

(q) CAS/CAZ Contractor Name: \_\_\_\_\_

(r) CAS/CAZ Contractor CSLB #: \_\_\_\_\_ (s) CSLB License Type(s): \_\_\_\_\_

(t)  The CAS/CAZ Contractor is BPI-certified to perform CAS/CAZ testing. (If applicable)

BPI Certification Type:  Building Analyst  Envelope Professional  Heating Professional  
 Air Conditioning and Heat Pump Professional  GoldStar Contractor

BPI Certification Number: \_\_\_\_\_

**OR**

(u)  The CAS/CAZ contractor is approved to participate in the following programs in the following Investor-Owned Utility territories (if applicable).

Programs:  Home Upgrade  Advanced Home Upgrade  
Investor-Owned Utilities:  PG&E  SCE  SDG&E  SoCalGas

**Section 5. Certifications of the Qualified Contractor**

Pursuant to Section 10091.8 of the Program regulations, by submitting this Certificate of Completion,

(v) I, \_\_\_\_\_ certify that:

*Authorized Signatory Name*

1. The contractor(s) who performed the work and completed the project is(are) licensed to perform the work related to installation of Eligible Improvements.
2. The Eligible Improvements listed on the Itemized Invoice were installed and comply with Program guidelines.
3. The installation complies with all applicable California building standards (all sections of Title 24 of the California Code of Regulations) and any additional laws, ordinances, regulations and standards applicable in the jurisdiction where the installation occurred.
4. All permits and approvals required to install the Eligible Improvements have been secured.
5. The contractor(s) provided the Borrower with a Bill Impact Estimate.
6. A Combustion Appliance Safety or Combustion Appliance Zone test was completed and passed if required by the project. (w)  Yes  Not required

I, the undersigned, hereby certify that all of the information provided in this application is true and accurate to the best of my knowledge.

(x) **Qualified Contractor Signature:** \_\_\_\_\_ (y) **Date:** \_\_\_\_\_