RESIDENTIAL ENERGY EFFICIENCY LOAN ASSISTANCE PROGRAM
California Alternative Energy and Advanced Transportation Financing Authority
http://www.treasurer.ca.gov/caeatfa/cheef

915 Capitol Mall
Sacramento, CA 95814
Telephone (916) 651-8157
Fax (916) 589-2855
CHEEF@treasurer.ca.gov

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

SAMPLE #1

Section 1. Contractor Information

(a) Qualified Contractor Business Name: Chambers Home Improvement
(Please list your name as it was submitted on the Qualified Contractor Application to participate in the Program)

(b) CSLB License #: 555444

Section 2. Project Information

(c) Project Start Date: 2/10/2016

(d) Permit Number(s): 458735 ☐ Not Applicable

(e) Project Address: 5615 ELM STREET

(f) City: Monterey Park (g) Zip Code: 91754

(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: SCE Quality Installation Program *(include initials of utility)* (m) Rebate/Incentive: ID# _____ *(if available)*

(n) Rebate or Incentive Amount: $ 750 (o) ☒ Anticipated ☐ Actual

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

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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, John Chambers 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:** John Chambers (y) **Date:** 2/19/2016

SAMPLE #1