

TO BE COMPLETED BY PFI or PFL

PFI/PFL Program Participation ID#: _____

PFI/PFL Internal Loan ID#: _____

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

CERTIFICATE OF COMPLETION

Section 1. Contractor Information

(a) Participating Contractor Business Name: _____
(Please list your name as it was submitted on the Participating Contractor Application to participate in the Program)

(b) CSLB License #: _____

Section 2. Project and Safety Test Information

(c) Project Start Date: _____ (Date installation began. Contractor must be enrolled in Program as of this 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 answered, "No," skip to Section 3, "Utility and Rebate/Incentive Information."

If you answered "Yes," a Combustion Appliance Safety (CAS) Test, Combustion Appliance Zone (CAZ) Test, or Natural Gas Appliance Test (NGAT) is required.

(i) Indicate Safety Test performed: CAS/CAZ NGAT

(j) Contractor Company performing Safety Test: _____

(k) Safety Test Contractor CSLB #: _____ (if applicable)

(l) Indicate certification type:

CAS/CAZ NGAT BPI

(m) If the Safety Test contractor has an NGAT or BPI certification, please provide the certification number:

Certification Number: _____

(n) If the Safety Test contractor is approved to participate in an IOU, REN, or CCA whole house retrofit program in the IOU territory applicable to the project address, please indicate below:

PG&E SCE SDG&E SoCalGas BayREN SoCalREN CCA

Section 3. Utility and Rebate/Incentive Information

Utilities providing service to the property:

(o) Gas Utility: PG&E SoCalGas SDG&E Other _____

(p) Electric Utility: PG&E SCE SDG&E Other _____

(q) 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,"

(r) Program Name: _____ (s) Rebate/Incentive: ID# _____
(include initials of utility) *(if available)*

(t) Rebate or Incentive Amount: \$ _____ (u) Anticipated Actual

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

Section 4. Certifications of the Participating Contractor

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

(w) 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 or are in the process of being secured.
5. The contractor(s) provided the Borrower with a Bill Impact Estimate.
6. Safety testing was completed and passed if required by the project prior to the enrollment of the Eligible Loan.

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) **Participating Contractor Signature:** _____ (y) **Date:** _____