

GOGREEN HOME ENERGY FINANCING PROGRAM

California Alternative Energy and Advanced Transportation Financing Authority

915 Capitol Mall Sacramento, CA 95814

(916) 651-8157

www.GoGreenFinancing.com

cheef@treasurer.ca.gov

TO BE COMPLETED BY PFI or PFL

(a) PFI/PFL Program Participation ID#: _____

(b) PFI/PFL Internal Loan ID#: _____

CERTIFICATE OF COMPLETION

For assistance with this form, contact the Contractor Support Team at gogreen@egia.org or 888-987-3443

Section 1: Contractor Information

(c) Participating Contractor company name: _____

(d) CSLB license #: _____

Section 2: Property Information

(e) Property address: _____

(f) City: _____ (g) Zip: _____

(h) Utilities providing service to property:

(1) Gas utility PG&E SDG&E SoCalGas Other: _____

(2) Electric utility PG&E SDG&E LADWP SMUD SCE Other: _____

Section 3: Rebate/Incentive Information

(i) Has the project received, or will the project receive, a rebate or incentive from a Utility, Community Choice Aggregator (CCA), or Regional Energy Network (REN) program? Yes No

(j) Program name(s): _____

(k) Rebate/incentive ID#(s) (if available): _____

(l) Rebate(s) provided by:

PG&E SCE SDG&E SoCalGas SMUD

LAWDP 3C-REN BayREN IREN Other agency: _____

Section 4: Permit Information

(m) Permit number(s): _____

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Section 5: Combustion Appliance Safety Test Information (Skip if not applicable)

(n) Indicate safety test performed: CAS/CAZ NGAT Other industry standard: _____

A safety test is required when an atmospherically-vented combustion appliance is present within the sealed envelope AND the project scope includes either whole building air sealing or duct sealing measures. The safety test should be a Combustion Appliance Safety (CAS) Test, Combustion Appliance Zone (CAZ) Test, Natural Gas Appliance Test (NGAT), or a similar industry test.

(o) Company performing safety test: _____

(p) Indicate safety tester qualifications:

(1) BPI certified as a Building Analyst, Envelope Professional, Heating Professional, Air Conditioning and Heat Pump Professional or BPI GoldStar Contractor.

Certification number: _____

(2) Trained in combustion appliance safety testing via participation in an Investor Owned Utility (IOU), Regional Energy network (REN), or Community Choice Aggregation (CCA) whole house retrofit program in the IOU territory applicable to the project address. Please indicate which below:

PG&E SCE SDG&E SoCalGas REN/CCA: _____

(3) Has completed a training course on and is proficient in the generally accepted standards for combustion safety and ventilation testing, such as NGAT.

Course name: _____

Section 6: Contractor Certifications

Pursuant to Section 10091.8 of the Program regulations, by submitting the data on this form,

(q) 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. In addition to other project requirements, the completed project also meets the following criteria:
 - a. The improvements listed by the contractor on the invoice as Eligible Improvements comply with Program guidelines.
 - b. The Eligible Improvements listed on the Itemized Invoice were installed.
3. The installation of the Eligible Improvements complies with all applicable California building standards (Title 24) and any additional laws, ordinances, regulations and standards applicable in the jurisdiction where the installation occurred.
4. All permits required to install the Eligible Improvements have been secured or are in the process of being secured.
5. The Borrower was provided with a Bill Impact Estimate.
6. Safety testing, if required, was completed and passed.

(r) Contractor signature: _____ (s) Date: _____