

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](http://www.GoGreenFinancing.com) [cheef@treasurer.ca.gov](mailto: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@frontierenergy.com](mailto:gogreen@frontierenergy.com) or 800-484-0109.

**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: \_\_\_\_\_