

GOGREEN HOME ENERGY FINANCING PROGRAM

California Alternative Energy and Advanced Transportation Financing Authority

901 P Street, 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@egia.org](mailto: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 (Optional)**

(i) Has the project received, or will the project receive, a rebate or incentive?  Yes  No

(j) Rebate program name(s): \_\_\_\_\_

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

(l) Rebate(s) provided by:

TECH  SCE  SDG&E  SoCalGas  PG&E

LAWDP  3C-REN  BayREN  SMUD  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 only required when an atmospherically-vented combustion appliance is present within the sealed envelope AND the project scope includes whole building air sealing (measure code: BE-AIRS), duct sealing (measure codes: HV-DUCX or HV-DUCR) or duct sizing or optimization (measure code HV-DUCT) 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. Note: HERS tests are not safety tests.*

For more information on Combustion Appliance Safety Testing, read the [GoGreen Home Safety Testing Overview](#).

(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. [Find BPI Certified Contractors in your area](#).

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 10091.9 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 submitted Eligible Improvements were installed.
  - b. The submitted Eligible Improvements installed comply with Program requirements.
3. The installation of the Eligible complies with all applicable California building standards (such as 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: \_\_\_\_\_