



Certificate of Completion
Post-Installation Health and Safety Test Results

EmPower New York (EmPower)

Assisted Home Performance with ENERGY STAR® (AHP)

Coordinated AHP/EmPower

Customer Name: \_\_\_\_\_

EmPower ID#: \_\_\_\_\_ Participating Contractor Name(Contractor) \_\_\_\_\_

AHP ID#: \_\_\_\_\_ Office Location (if applicable): \_\_\_\_\_

Technician Name: \_\_\_\_\_ BPI ID #: \_\_\_\_\_

WAP Coordination: WAP work complete WAP work in-progress WAP will be completed within 12 months

A. Customer Education: Energy Savings Action Plan:
To reduce my monthly energy costs, I will take the following actions:
Action 1: \_\_\_\_\_
Action 2: \_\_\_\_\_
Action 3: \_\_\_\_\_
Action 4: \_\_\_\_\_
If household opts out of Energy Education, have household initial here \_\_\_\_\_

B. CUSTOMER STATEMENT AND SIGNATURE
I, \_\_\_\_\_, attest that my home was left in good condition. I will make my best effort to complete the energy saving actions that I have listed above.
Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. CAZ TESTING Test Out Date: \_\_\_\_\_
MVG: \_\_\_\_\_ CFM50 Building Leakage \_\_\_\_\_ CFM50 Fan Ring: Open A B C
WCD: \_\_\_\_\_ Pa
Inside Temp: \_\_\_\_\_ F Outside Temp: \_\_\_\_\_ F House Pressure: \_\_\_\_\_ Pa Fan Pressure: \_\_\_\_\_ Pa
CO Ambient (max.) In CAZ (during test): PPM CO Ambient (max.) in living space: PPM
Table with columns: Appliance Type, Draft Pascals (Pa), Spillage (Worst Case), Spillage (Natural), CO (Worst Case), CO (Natural)

Contractor: I \_\_\_\_\_ attest that all measures installed by the Contractor through AHP/ and or Empower adhere to the current AHP/EmPower program guidelines. I further attest that, for all AHP/EmPower projects, when required, I have conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per BPI Standards.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Customer: Please read the following statements before signing. By signing this document, you are attesting that all work has been completed pursuant to AHP/EmPower process. If any part of the work has not been completed, please indicate below. If you have any questions or concerns about any aspect of the work performed, you should resolve them with your contractor BEFORE signing this form.**

All work has been completed, with the exception of the following:

Contractor agrees to complete these items and will notify CLEAResult upon their completion. The project is not considered complete until the Contractor and customer sign a new Certificate of Completion with no outstanding work.

Contractor Initials:

**Warranty**

Contractor warrants that the work and the equipment furnished through this project comply with the requirements as outlined in the Contractor Participation Agreement with NYSEDA. In the event that any defect in workmanship or equipment is discovered within one (1) year after payment authorization, the Contractor will remedy, repair, correct, or cause to be remedied, repaired, corrected, or replaced at Contractor's expense such defect in equipment or workmanship. The foregoing warranty survives any inspection NYSEDA may elect to make.

**Lien Waiver**

**Work and equipment covered by a GJGNY Loan or AHP/EmPower incentives:** Contractor hereby waives and releases any and all lien or claim of, or right, to lien, under laws relating to mechanics liens with respect to and on the property referenced above.

**Work and equipment not covered by a GJGNY Loan or AHP/EmPower incentives:** Said waiver does not apply to any work and equipment furnished in this installation that is not funded by a GJGNY Loan or AHP/EmPower incentives. Any costs incurred by customer exceeding the sum of the GJGNY Loan and the AHP/EmPower incentives, or financed by any means other than a loan through a GJGNY loan or through AHP/EmPower incentives, are subject to a mechanics lien or claim under applicable laws relating to mechanics liens with respect to the project ID (s) referenced on page 1.

**Customer Affirmation**

**Customer's Acceptance of Work Scope**

The energy efficiency upgrades installed at the property as well as any applicable incentives, loan, and/or subsidy stated on pages 1 and 2 herein have been explained thoroughly by the Contractor, are satisfactory, are accepted by the customer, and the contractor is authorized to install the energy efficiency upgrades.

**Program Quality Assurance and Evaluation**

I agree to participate in program quality assurance and evaluation activities. The purposes of these activities are to provide the program administrators with an opportunity to ensure that the eligible measures are installed consistent with program standards, to assess energy savings and to evaluate program effectiveness. Program quality assurance and evaluation activities may include on-site visits, questionnaires, and interviews. As a value-added service, AHP and EmPower program participants are offered the option of having a post-completion inspection performed on their home. If you are interested in receiving this valuable, FREE service, please call 1-866-NYSEDA to schedule an appointment. Availability depends upon number of requests received.

**Customer Statement**

The undersigned hereby certifies personal ownership of the home specified above, that all materials and equipment included in the construction contract (work order, job order, bid summary, proposal, invoice, etc.) have been furnished and installed by the Contractor, and that the work has been completed pursuant to program rules and requirements. In addition, I have not obtained the benefit of and will not receive any cash payment, rebate, cash bonus, sales commission, or anything from the contractor as inducement to enter into an agreement with the contractor or to proceed with work. If there is a GJGNY loan, I also agree to the terms specified in the loan agreement and authorize payment to the above Contractor.

Yes, I have received a copy of the Comprehensive Home Energy Assessment report.

_____ Homeowner's Name (Print)	_____ SIGNATURE	_____ Date
_____ Contractor's Business Name (Print)	_____ SIGNATURE	_____ Date