

# 2026 Energy Efficiency Program

## Project Completion Certification - Version 1.0



Use this form to certify project completion **AFTER** all products are installed. Forms signed before project completion will be deemed invalid and cause processing delays.

### Completion Information

PSEG Long Island Account No.:	_____	Account Name:	_____
Project Number:	_____	Phone Number:	_____
Installation Address:	_____	Email Address:	_____
Town:	_____	Installation Date:	_____
Zip Code:	_____	Estimated Rebate Amount:	_____

### Customer Verification Statement:

I, the Customer, certify that the equipment listed on the rebate application and/or identified in the PSEG Long Island issued pre-approval letter has been purchased and installed at the address indicated on the application. I understand that PSEG Long Island reserves the right to verify any equipment purchases or installations which may include a site visit. I further understand that PSEG Long Island may adjust the incentive amount before issuing the rebate based upon the verification and documentation provided by me or my contractors responsible for the installation of the equipment. PSEG Long Island may request proof of payment, such as copies of cancelled checks and Customer agrees, by signing below, to furnish such documentation.

**DO NOT SIGN THIS DOCUMENT UNTIL THE WORK IS 100% COMPLETE**

**\*\*Requires Physical Signature or Verifiable e-Signature**

Customer Name: (Print)	_____		
Customer Signature**:	_____	Date:	_____

### Contractor Verification Statement:

I, the Contractor, certify that the equipment listed on the rebate application and/or identified in the PSEG Long Island issued pre-approval letter has been purchased and installed at the address indicated on the application. I understand that PSEG Long Island reserves the right to verify any equipment purchases or installations which may include a site visit. I further understand that PSEG Long Island may adjust the incentive amount before issuing the rebate based upon the verification and documentation provided by me or my contractors responsible for the installation of the equipment. PSEG Long Island may request proof of payment, such as copies of cancelled checks and Contractor agrees, by signing below, to furnish such documentation.

Contractor Name: (Print)	_____		
Contractor Signature**:	_____	Date:	_____