



2024 EV *Make Ready* Program

Project Completion Certification Form – 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. Forms must be complete. Attach itemized invoice showing all work performed.

CUSTOMER INFORMATION:

EVMR Application ID	
PSEG LI Account No.	
Account Name	
Installation Address	
Mailing Address (if different than above)	
Phone Number / Alternate Phone	
Customer Email Address	

PROJECT INFORMATION:

Project Located within a Disadvantaged Community (DAC):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Type	
Location Accessibility	<input type="checkbox"/> Public <input type="checkbox"/> Private

Charger Level	Charger Type	Charger Brand	Charger Model	Charger Network
Level 2	<input type="checkbox"/> J1172 <input type="checkbox"/> NACS			
	<input type="checkbox"/> J1172 <input type="checkbox"/> NACS			
DCFC	<input type="checkbox"/> CCS <input type="checkbox"/> ChAdeMO <input type="checkbox"/> NACS			
	<input type="checkbox"/> CCS <input type="checkbox"/> ChAdeMO <input type="checkbox"/> NACS			

Charger Level	Number of Chargers	Number of Ports (per charger)	Total Number of Ports	Do the plugs discharge simultaneously?	Power Level (kW)		Total Power Output (kW)
					Per Charge	Per Port (while simultaneously charging)	
Level 2				<input type="checkbox"/> Yes <input type="checkbox"/> No			
DCFC				<input type="checkbox"/> Yes <input type="checkbox"/> No			

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Installation Completion Date	
Eligibility Tier	<input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
Service Type	<input type="checkbox"/> New electric service <input type="checkbox"/> Service upgrade <input type="checkbox"/> Existing service
Incentive Cap	\$
Utility Side Make Ready Costs	\$
BRS Notification No. (N/A for Existing Service)	
Customer Side Make Ready Costs (As reflected on invoice)	\$
Customer Payment (out of pocket cost)	\$

Incentive Amount	\$
Confirm Incentive Method (Check One)	<input type="checkbox"/> Rebate <input type="checkbox"/> Lease Model <input type="checkbox"/> USMR Coverage Only
Entity Receiving Program Incentive (Check One)	<input type="checkbox"/> Customer <input type="checkbox"/> Site Owner <input type="checkbox"/> Developer

CUSTOMER VERIFICATION STATEMENT:

I, the customer, certify that the equipment listed on the application and identified in the PSEGLI issued pre-approval letter has **been purchased and installed** at the address indicated on the application and incurred the out of pocket costs shown above. I understand that PSEGLI reserves the right to verify any equipment purchases or installations which may include a site visit. I further understand that PSEGLI 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. **PSEGLI 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

Customer Name (Print): _____

Customer Signature: _____

Date: _____

CONTRACTOR VERIFICATION STATEMENT:

I, the contractor, certify that the equipment listed on the application and identified in the PSEGLI issued pre-approval letter has been purchased and installed at the address indicated on the application. I understand that PSEGLI reserves the right to verify any equipment purchases or installations which may include a site visit. I further understand that PSEGLI 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. **PSEGLI 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: _____