



CalSHAPE Ventilation Program Workforce Verification Form

According to CalSHAPE Ventilation Guidelines (Guidelines), all repair, upgrade, replacement, or other technical work completed as part of an A&M Grant or U&R Grant must be performed by a skilled and trained workforce, which has the same meaning as in Section 2601 of the Public Contract Code, and meet all other labor requirements, as provided in PUC Division 1, Part 1, Chapter 8.7 and as described in the Guidelines (Ch. 1.D).

Please complete and submit the following form for each individual that worked on the CalSHAPE Ventilation grant. The California Energy Commission (CEC) is entitled to recover any disbursed funds should grant requirements not be met. All information submitted in this document must be true and correct.

For assistance, email CalSHAPE@energy.ca.gov

I. Grant Information

Grant Number		LEA Code	
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II. Workforce Information

Individual Name		Company Name	
<u>Individual Information</u>			
Phone Number		Email Address	
License or Certificate Type		License or Certificate Number	
Summary of Work Completed			

List of CDS for which work was performed	
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III. Declaration Statement & Signature

1. I confirm that I am licensed or certified according to CalSHAPE Ventilation Program workforce requirements and the I completed the work listed above.
2. I understand that
 - a. Qualified adjusting personnel means either of the following:
 - (1) A certified TAB technician. A technician certified to perform testing, adjusting, and balancing of HVAC systems by the Associated Air Balance Council (AABC), the National Environmental Balancing Bureau (NEBB), or the Testing, Adjusting and Balancing Bureau (TABB).
 - (2) A skilled and trained workforce under the supervision of a TAB technician.
 - b. Qualified testing personnel means either of the following:
 - (1) A certified TAB technician.
 - (2) An HVAC acceptance test technician certified to complete the forms set forth in subparagraph (B) of paragraph (1) of subdivision (b) of Section 10-103.2 of Part 1 of Title 24 of the California Code of Regulations by ATTCP that is approved by the CEC to provide that certification.
3. The information in this document is true and correct.

Signature

**Date
Signed**