

Affidavit Ensuring Adherence to Electric Vehicle Infrastructure Training Program (EVITP) Requirements



By signing this affidavit, I, _____ (“Applicant’s Name/Name of Applicant’s Authorized Representative”), with respect to _____ (“Application Number”), located at _____ (“Installation Address”), affirm that I am authorized to attest under penalty of perjury under the laws of the State of California, that each of the statements in the paragraphs below are complete, true, and correct. I understand and agree that applications and projects that do not meet the following requirements may not receive an incentive, and any falsification or misrepresentation of information relating to the Project could result in disqualification from the CALeVIP Project.

1. If the electric vehicle charging infrastructure and equipment to be installed supplies charging ports with 24.9 kilowatts or less and no charging ports supplying 25 kilowatts or more, then it will be installed by a contractor with an appropriate license classification, as determined by the Contractors’ State License Board, in good standing, with at least one electrician on each crew at all times during work hours who holds an Electric Vehicle Infrastructure Training Program (EVITP) certification.
2. If the electric vehicle charging infrastructure and equipment to be installed supports at least one charging port supplying 25 kilowatts or more, then it will be installed by a contractor with an appropriate license classification, as determined by the Contractors’ State License Board, in good standing, with at least 25 percent of the total electricians working on the crew, at all times during work hours, holding EVITP certification.
3. With this form I have provided the attached “**Project Description Statement**” containing the following information:
 - a. The number of Electric Vehicle Charging Stations (EVCS) installed at each site within the project and the maximum kW output for each EVCS.
 - b. A complete and accurate statement listing the names and certification numbers of the EVITP certified electricians who were on site and working on EVCS installation.
 - c. Verification and signature from the contractor employing the EVITP certified electricians, confirming that the identity of each electrician is accurate, that each electrician’s EVITP certification is valid and current on the EVITP website, and that, at all times during work hours, the EVITP certified electricians worked at the job site.
 - d. Signature of the contractor and their contractor’s license number.
 - e. Names of electricians must be entered as recorded by EVITP, as verified through the online certification database at www.EVITP.org.

I declare under penalty of perjury, under the laws of the State of California, that all of the foregoing statements are true and correct.

Signature: _____

Title: _____

Date: _____

Printed Applicant Name/Name of Incentive Recipient’s Authorized Representative: _____

Company Name: _____



Application Number: _____ Applicant Name: _____

Installation Address: _____

Number of Electric Vehicle Charging Stations (EVCS) being installed: _____

kW maximum output for each EVCS:

Make	Model	kW Maximum Output	Quantity of Chargers in This Configuration

Number of Ports Per Charger & Corresponding Make/Model	Total Number of Power Cabinets

Name of contractor on site: _____ Contractor's License Number: _____

Total number of state certified general electricians on site: _____

Name(s) of Electric Vehicle Infrastructure Training Program (EVITP) certified electrician(s) on site with valid EVITP certifications and who worked at all times during work hours on site:

Electrician's Name	EVITP Certification Number

I declare under penalty of perjury, under the laws of the State of California, that all of the foregoing statements are true and correct.

Contractor

Signature: _____
 Contractor's Name: _____
 Title: _____
 Company name as it appears on contractor's CSLB C-10 license if applicable: _____
 Contractor's License Number: _____
 Date: _____

Applicant

Signature: _____
 Printed Applicant Name/Name of Incentive Recipient's Authorized Representative: _____
 Title: _____
 Company Name: _____
 Date: _____

