



**SOUTHERN CALIFORNIA EDISON &  
SOUTHERN CALIFORNIA GAS COMPANY<sup>®</sup>  
ENERGY UPGRADE CALIFORNIA PROGRAM**

**CONTRACTOR PARTICIPATION AGREEMENT  
APPLICATION INSTRUCTIONS v3.0**

*August 2012*

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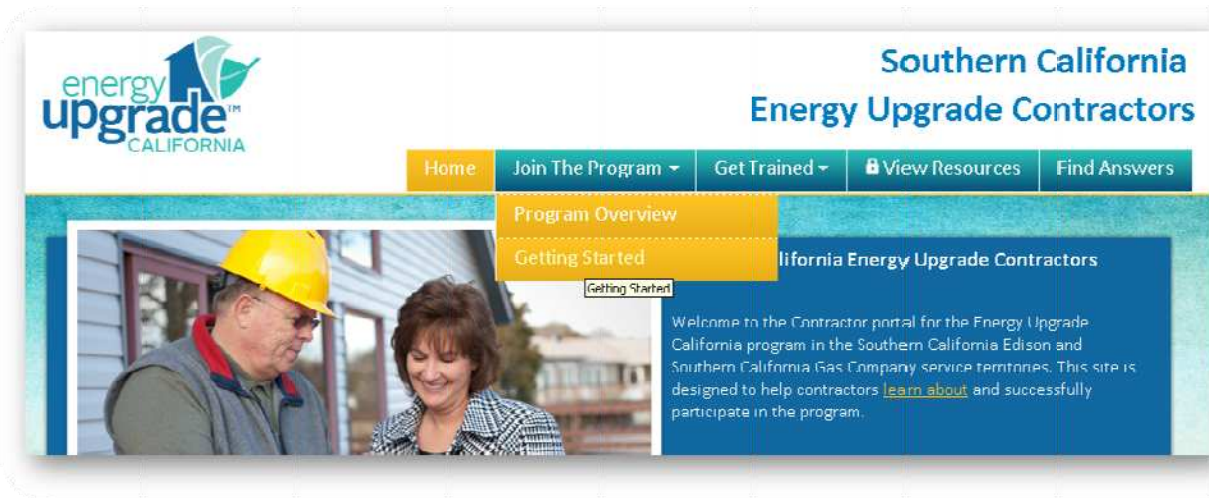
# Acronyms and Abbreviations

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BPI	Building Performance Institute
BPI BA	Building Performance Institute Building Analyst
CPA	Contractor Participation Agreement
CSLB	California State Licensing Board
SCE	Southern California Edison
SoCalGas®	Southern California Gas Company

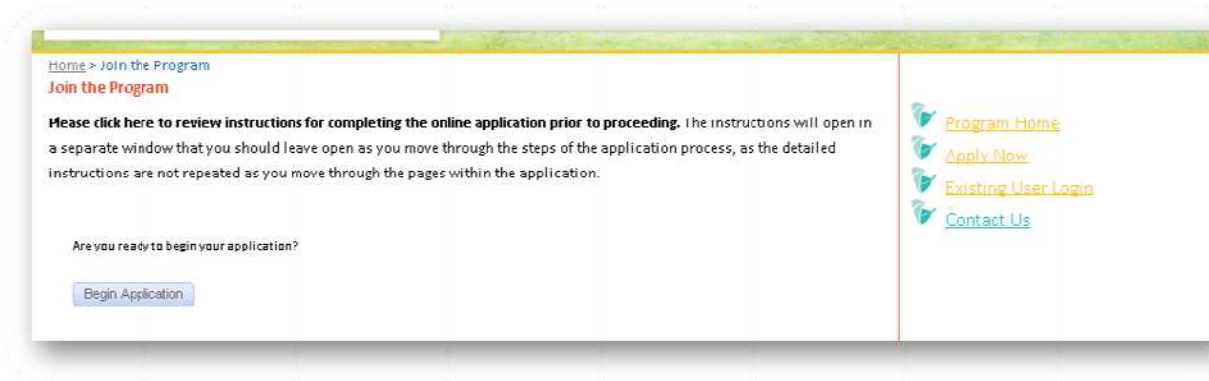
## 1.1 Begin Application

1. Access the online Contractor Application portal.
  - <http://www.socalenergyupgradecontractors.com/>
  - Roll over **Join the Program** and click **Getting Started**



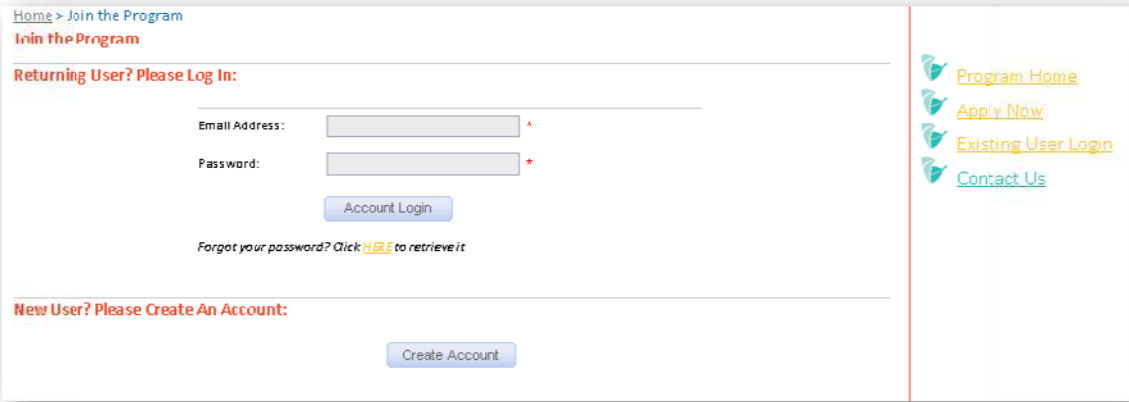
- Click **SCE/SoCalGas® Contractor Participation Agreement** under **Step 2**.
- You will be directed to the program application page.

2. Click **Begin Application**.



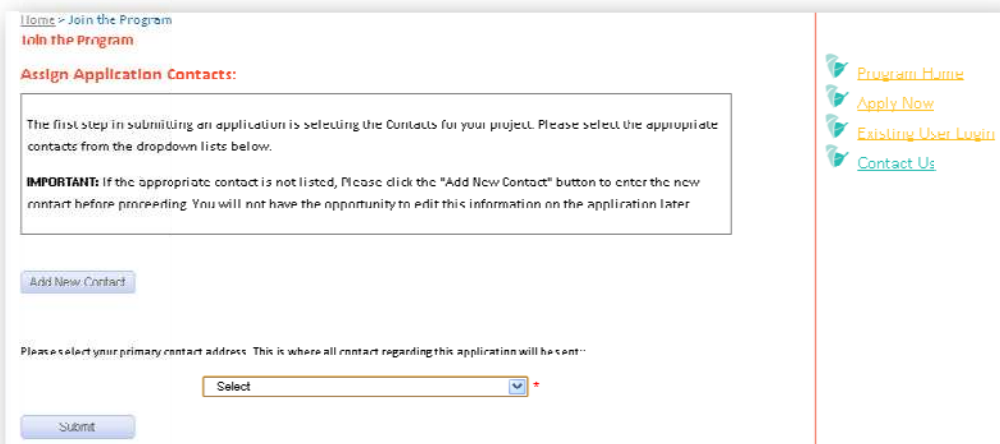
## 1.2 Assign Primary Contact

1. Click **Create Account**.



The screenshot shows a web page titled "Join the Program" with a sub-header "Login the Program". It features a login section for returning users with fields for "Email Address" and "Password", an "Account Login" button, and a link for "Forgot your password?". Below this is a section for "New User? Please Create An Account:" with a "Create Account" button. On the right side, there is a vertical menu with links: "Program Home", "Apply Now", "Existing User Login", and "Contact Us".

2. Complete all fields in the **Create User Account** form. You can enter "000000" for the **Utility Account Number** field. Click **Submit Information**.
3. Be sure to write your email address and password down for later use. You will need this information to log in to your online application to complete the application and send and receive messages from the application reviewers.
4. Click **Apply Now** on the menu on the right side of the screen. Click **Begin Application**.
5. Complete the required information for the Primary Contact. Be sure to provide an email address for the Primary Contact. Click **Submit**.
6. NOTE: The Primary Contact selected for the online Contractor Application is the person who will receive email notifications from the online application system when revisions or additional information is needed. Please ensure that an email address is provided for the Primary Contact, and that this email address is correct.
7. Select the Primary Contact from the drop-down menu highlighted below.



The screenshot shows a web page titled "Assign Application Contacts". It contains a text box with instructions: "The first step in submitting an application is selecting the Contacts for your project. Please select the appropriate contacts from the dropdown lists below." Below this is an "IMPORTANT:" note. There is an "Add New Contact" button. At the bottom, there is a prompt: "Please select your primary contact address. This is where all contact regarding this application will be sent." followed by a dropdown menu with "Select" and a "Submit" button. The right-side menu from the previous screenshot is also visible.

# 1.3 Complete Contractor Application Form

Please completely and accurately complete all applicable fields of the Contractor Application form. Required fields are shown in red below. *Please note: the forms on this page are provided as a reference and for your convenience. All contractors are required to complete the CPA application online as described in this document.*

## 1. Participating Contractor Information

Company Name			
Company Address			
City			
State			
ZIP			
Company Website			
Name of Company Representative			
Email of Company Representative			
Contact Number for Company Representative			
CSLB License #			
CSLB License # Expiration Date			
CSLB Service Type (Check all that apply)	B General		C-10 Electric
	C-17 Glazing		C-2 Insulation
	C-20 HVAC		C-36 Plumbing
	C-46 Solar		C-6 Cabinets/Finish Carpentry
	Other		
Federal Tax ID			
Date and Location of Participation Workshop Attended			

## 2. Program Path

Please indicate in which upgrade path(s) you intend on participating	Basic Path
	Basic & Advanced Path
<b>Basic Path Training:</b> Contractors who are not BPI-accredited or do not have a BPI Building Analyst (BA) individual on their staff must attend a three-day Basic Path training course.	
Date and Location of Basic Path Training Attended	

### 3. BPI Certification Information, History and Performance

Please indicate what certifications you currently have. Supporting documentation must be provided for all certifications indicated. Certifications must not be expired.

Primary BPI Contact Name			
Primary BPI Contact Telephone Number			
Primary BPI Contact Email			
Company BPI Accreditation		Yes	No
Number of BPI-Certified Staff			
Types of BPI Certification Held		Building Analyst	
		Envelope Specialist	
		Residential Building Envelope Whole House Air Leakage Control Installer	
		Residential Building Envelope Whole House Air Leakage Control Crew Chief	
		Manufactured Housing	
		Heating	
		Air Conditioning and Heat Pump	
		Multi-family	
BPI Certified Staff Name (Primary)			
Primary Candidate BPI ID number			
Date BPI Certification Received			
Number of Years Offering Home Performance Audits/Improvements			
Types of Services Provided		Home Energy Audit/Test-out	
		Air Sealing	
		Duct Sealing	
		Water Heating	
		HVAC Service/Repair	
		Comprehensive Remodeling	
		Insulation	
		Lighting	
Improvement/Installation Services Provided		In-house	Subcontract
		Combination	

### 4. Counties Served

Fresno	Imperial	Inyo	Kern
Los Angeles	Mono	Orange	Riverside
San Bernardino	Santa Barbara	Tulare	Tuolumne
Ventura			

## 5. Participating Contractor Insurance Requirements

Carefully review the insurance requirements and reference the sample insurance forms provided at the end of this instruction document. You will provide documented proof of insurance coverage in the next part of the application process.

Description	Program Requirement
Workers' Compensation	Statutory Workers' Compensation in accordance with California state and local requirements. Employer's liability insurance shall not be less than \$1,000,000 for injury or death for each accident. California Statutory Workers' Compensation insurance is not required if you have no employees. (Please provide a waiver for workers' compensation liability with your Contractor Application if you have no employees.)
Commercial General Liability	Coverage shall be at least as broad as the Insurance Services Office (ISO) Commercial General Liability Coverage "occurrence" form, with no coverage deletions. The limit shall not be less than \$1,000,000 each occurrence / \$2,000,000 in aggregate for bodily injury, property damage, and personal injury.
Business Automobile Liability	Coverage shall be at least as broad as the ISO Business Auto Coverage form covering automobile liability, Code 1 and owned and operated company vehicle. The limit shall not be less than \$1,000,000 each accident for bodily injury and property damage.
Professional Liability, Errors, and Omissions	Professional liability insurance is not required. However, the contractor is encouraged to consider such coverage in consultation with the Contractor insurance broker.

## 6. Participation Agreement

Carefully read the participation agreement and check ***I Agree***.

Participation Agreement:

*By submitting this application, Contractor's representative is certifying that:*

- *Contractor's representative has the necessary legal authority to act on Contractor's behalf.*
- *All of the information supplied on this application is accurate.*
- *Contractor has read, understood, and agreed to all of the definitions, terms, and conditions that are a part of this agreement and are referenced in the online rebate application form.*
- *Contractor understands that this participation agreement constitutes a legal agreement between Contractor and SCE/SoCalGas® to participate in the program. Contractor agrees to follow all program policies and procedures as outlined in this agreement.*

## 7. Application Submittal

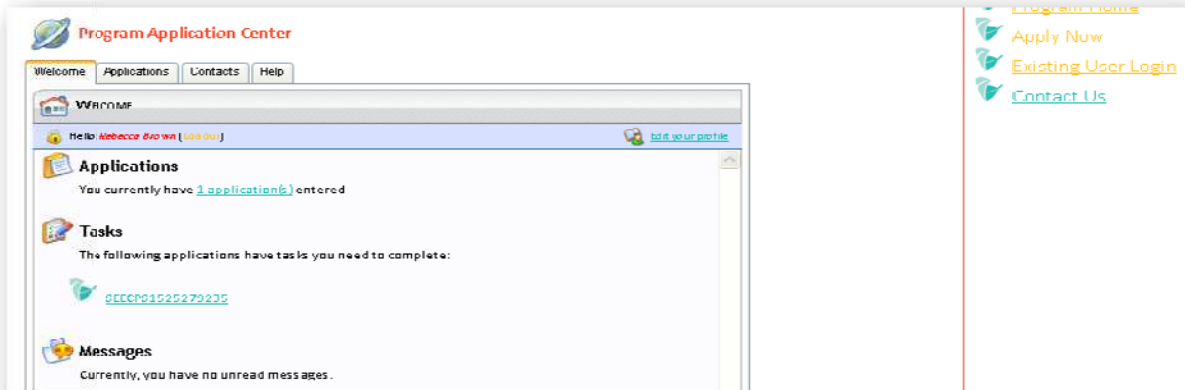
Carefully review the application documentation requirements. You will provide these documents in the next part of the application process.

Click ***Submit***.



## 1.4 Upload Required Documents

You are now at the Program Application Center. The Welcome tab of the Program Application Center will indicate that you have one application entered.

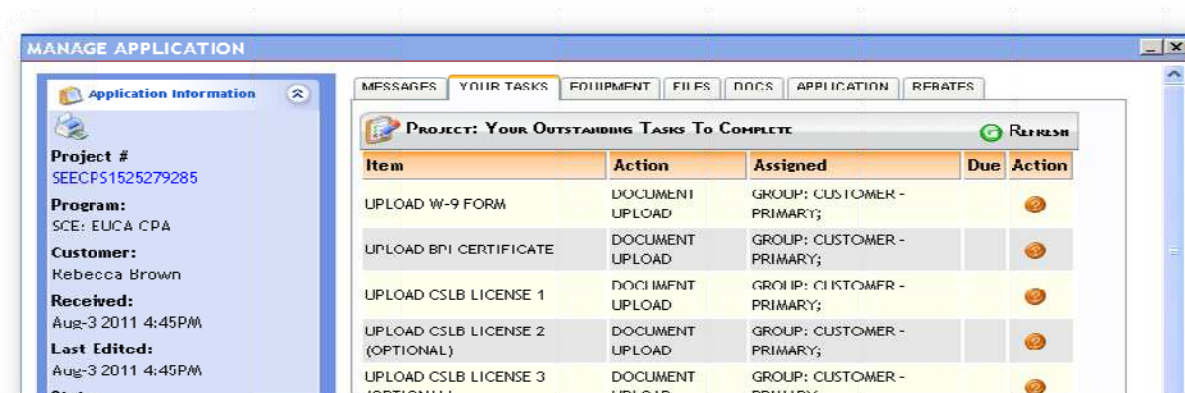


1. Click the **Applications** tab of the Program Application Center.
2. Click the **View** icon to view and edit your new application.

You have now opened the Manage Application window for your online Contractor Application.



3. Click the **Your Tasks** tab to view the list of documents that must be provided.
4. To upload documents, click the brown question mark icon next to each required item.



5. For each upload, click Choose file to select a file to upload, and click the Upload button. Repeat this step for each required document:
- Upload W-9 form
    - Complete a W-9 form and upload the completed form. (A blank W-9 form is provided at the end of this instruction document.)
  - Upload Certificate of Insurance (SCE)
    - Upload copies of your certificates of insurance demonstrating that your company has fulfilled the insurance requirements outlined in Part VI of the online application form for Southern California Edison.
    - If there are no company-owned vehicles, automobile liability coverage is not required. A message would need to be entered explaining this.
    - If your CSLB license indicates that your company is exempt from workers compensation insurance, workers compensation liability coverage is not required.
  - Upload Certificate of Insurance (SoCalGas)
    - Upload copies of your certificates of insurance demonstrating that your company has fulfilled the insurance requirements outlined in Part VI of the online application form for Southern California Gas Company.
    - If there are no company-owned vehicles, automobile liability coverage is not required. A message would need to be entered explaining this.
    - If your CSLB license indicates that your company is exempt from workers compensation insurance, workers compensation liability coverage is not required.
  - Upload Certificate of Insurance (ICF)
    - Upload copies of your certificates of insurance demonstrating that your company has fulfilled the insurance requirements outlined in Part VI of the online application form for ICF International.
    - If there are no company-owned vehicles, automobile liability coverage is not required. A message would need to be entered explaining this.
    - If your CSLB license indicates that your company is exempt from workers compensation insurance, workers compensation liability coverage is not required.
  - Upload BPI Certificate (Advanced contractors only)
    - Upload evidence that your company has at least one BPI-BA-certified individual on staff. You may fulfill this requirement in the following ways:
      - I. Upload a document showing both sides (front and back) of each individual's BPI card
      - II. Upload the BPI certificate of completion (either the "official" certificate that arrives in the mail or a temporary digital copy provided by BPI)
      - III. Upload a digital copy of the qualified individual's BPI candidate online portal, showing that he/she passed both the written and field examinations for the Building Analyst certification.
      - IV. Upload statement on contractor stationary indicating that the BPI-BA certified individual is a W-2 employee of your company.

Be sure to provide the full name and BPI candidate ID number for any qualified individuals on staff.

- Provide this documentation for each BPI-certified individual on staff.
- If you have more than one file to upload for this task, create a single ZIP file of those multiple documents and upload the ZIP file for this task.
- Upload work experience documentation
  - Upload a resume or list of professional experience related to home performance or energy efficiency.
- Upload training experience documentation
  - Upload a list of any building performance trainings or certifications your staff has completed.
- Upload Evidence of two years in business
  - Upload evidence that your company has been in business for at least two years. This can include a bank statement or other official documentation featuring your current company's name. If your CSLB license was issued more than 2 years ago, you do not need to provide this documentation.

## 1.5 Notify Contractor Application Team

**The program will not be notified that your application has been submitted unless you complete the 'Notify Contractor Application Team' task within the 'Tasks' tab.**

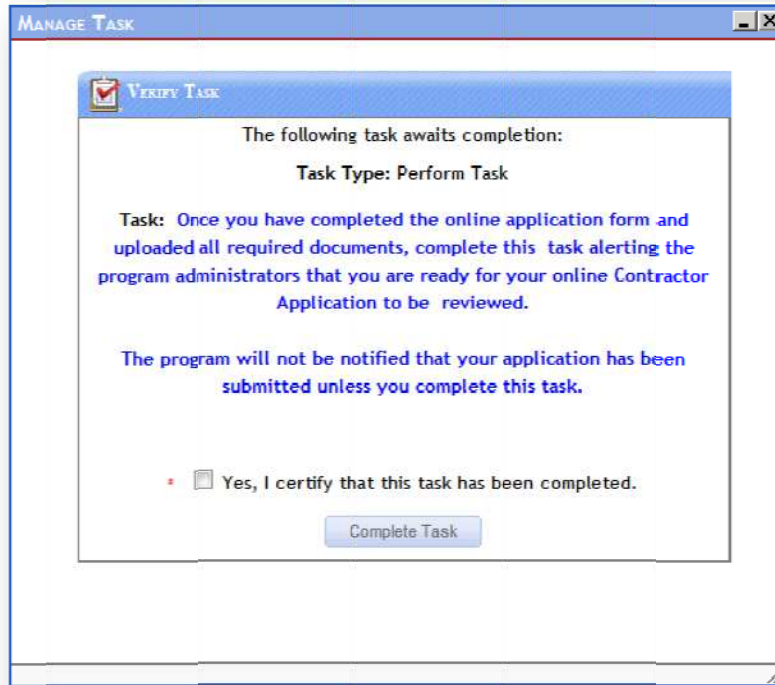
Once you have completed the online application form and uploaded all required documents, complete the 'Notify Contractor Application Team' task alerting the program administrators that you are ready for your online Contractor Application to be reviewed.

Item	Action	Assigned	Due	Action
DOCUMENT UPLOAD	UPLOAD W-9 FORM	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD CERTIFICATE OF INSURANCE (SCE)	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD CERTIFICATE OF INSURANCE (SOCALGAS)	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD CERTIFICATE OF INSURANCE (ICF)	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD BPI CERTIFICATE	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD WORK EXPERIENCE DOCUMENTATION	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD TRAINING EXPERIENCE DOCUMENTATION	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD EVIDENCE OF 2 YEARS IN BUSINESS	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD LEARNING CENTER CERTIFICATE - COMBUSTION SAFETY	CUSTOMER	AUG 21 2012 3:34PM	?
DOCUMENT UPLOAD	UPLOAD LEARNING CENTER CERTIFICATE - ENERGYPRO	CUSTOMER	AUG 21 2012 3:34PM	?
PERFORM TASK	NOTIFY CONTRACTOR APPLICATION TEAM	CUSTOMER	AUG 21 2012 3:34PM	?

PAGE 1 Viewing 1 - 11 of 11 Records

1. Click the **Your Tasks** tab to view the tasks and documents to be uploaded.
2. Select the **Perform Task: Notify Contractor Application Team**, and click the brown question mark icon.

3. Click that you are ready for your application to be reviewed, and click **Complete Task**.



## 1.6 Next Steps

You will be notified via email when the program administrators have begun reviewing your application. (Please note that you will be contacted at the email address provided for the **Primary Contact**.)

After your application has been reviewed, you will receive an additional email indicating either that (a) your application has been approved, (b) revisions are required to your application, or (c) additional training is required before your company can be listed as a participating contractor.

If you are notified that revisions are required to your application, please follow the instructions provided in the notification email. Remember to leave a note in the **Messages** tab of your application each time you upload new documents that you want to be reviewed by the program administrators.

## Section 2.0 **Appendix**

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Appendix 1 – IRS Form W-9

Appendix 2 – Sample Insurance Form: ICF

Appendix 3 – Sample Insurance Form: SCE

Appendix 4 – Sample Insurance Form: SoCalGas<sup>®</sup>

**Appendix 5 – Program Terms and Conditions**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE


DATE (MM/DD/YYYY)  
10/29/2010

PRODUCER Insurance Broker's Information	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Contractor's Information	INSURER A: Mercury Casualty Company	11908
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	policy number	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Pe r person) \$ BODILY INJURY (Pe r accidnt) \$ PROP ERTY DAMAGE (Pe r accidnt) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	policy number	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> INC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 ICF International and its respective parent company and their subsidiaries, affiliates, and their respective officers, directors, employees, agents, representatives, successors and assigns are named additional insured with a waiver of subrogation in favor of ICF International. Coverage is primary & non contributory. \*10 days notice for non payment.

<b>CERTIFICATE HOLDER</b> (949) 333-6600 ICF International 1 Ada Parkway Suite 100 Irvine, CA 92618	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Dana Scott/DANA 
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE


DATE (MM/DD/YYYY)  
5/29/2012

PRODUCER Insurance Broker's Information	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Contractor's Information	INSURER A: Mercury Casualty Company	11908
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	policy number	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	policy number	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> INC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS**  
 Southern California Edison and its respective parent company and their subsidiaries, affiliates, and their respective officers, directors, employees, agents, representatives, successors and assigns are named additional insured with a waiver of subrogation in favor of Southern California Edison. Coverage is primary & non contributory. \*10 days notice for non payment.

<b>CERTIFICATE HOLDER</b> (949) 333-6601 Southern California Edison c/o ICF International 1 Ada Parkway Suite 100 Irvine, CA 92618	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Dana Scott/DANA 
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE


DATE (MM/DD/YYYY)  
5/29/2012

PRODUCER Insurance Broker's Information	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Contractor's Information	INSURER A: Mercury Casualty Company	11908
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	policy number	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Ea person) \$ BODILY INJURY (Ea raccide nt) \$ PROPERTY DAMAGE (Ea raccide nt) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	policy number	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> INC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 Southern California Gas Company and its respective parent company and their subsidiaries, affiliates, and their respective officers, directors, employees, agents, representatives, successors and assigns are named additional insured with a waiver of subrogation in favor of Southern California Gas Company. Coverage is primary & non contributory.

<b>CERTIFICATE HOLDER</b> (949) 333-6601 Southern California Gas Company (SoCalGas) c/o ICF 1 Ada Parkway Ste 100 Irvine, CA 92618	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Dana Scott/DANA 
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