

Central Hudson DCFC Incentive
Charging Equipment Installer Certification

Equipment Owner: _____

Installation Company: _____

Installation Site Address: _____

Installation City/State/ZIP: _____

Installation Date: _____

Number of Charging Ports: _____

Charging Equipment Model: _____

Total Cost of Equipment: _____

Total Cost of Installation: _____

Installation Company Certification (to be completed by the Installation Company, or by the Equipment Owner if the Equipment Owner self-installed the charging equipment)

I (Installation Company) certify that the charging equipment described above meets all applicable local, State, and Federal codes and regulations.

Name: _____ Company: _____

Title: _____

Signature: _____ Date: _____

Equipment Owner Certification

I, (Equipment Owner) certify that the charging equipment described above has been installed to the equipment owner's satisfaction.

Name: _____ Company: _____

Title: _____

Signature: _____ Date: _____