

***JNS POWER***

**& Control Systems, Inc.**

3339 N Ridge Ave  
Arlington Heights, Illinois 60007

Telephone: (847) 577-3572

Fax: (847) 577-2889

## **Exhibit A**

Please see attached EVSE installations and service training certifications for the following individuals



EV Solutions™  
Electric Vehicle Charging Products and Services

# EVSE Service Training Certification

is hereby granted to

## Brian Howe

who has successfully completed the AeroVironment, Inc. training program for:

### EVSE Installations and Service

On this day: July 7, 2011

*Blake Dickinson*

---

Blake Dickinson  
Director of Customer Satisfaction  
Efficient Energy Systems

*Richard Gershman*

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Richard Gershman  
EVSE Installation and Service Trainer  
Efficient Energy Systems



EV Solutions™  
Electric Vehicle Charging Products and Services

# EVSE Service Training Certification

is hereby granted to

## Russ Shafer

who has successfully completed the AeroVironment, Inc. training program for:  
**EVSE Installations and Service**

On this day: July 7, 2011

*Blake Dickinson*

---

Blake Dickinson  
Director of Customer Satisfaction  
Efficient Energy Systems

*Richard Gershman*

---

Richard Gershman  
EVSE Installation and Service Trainer  
Efficient Energy Systems



EV Solutions™

Electric Vehicle Charging Products and Services

## EVSE Service Training Certification

is hereby granted to

# Tim Sitting

who has successfully completed the AeroVironment, Inc. training program for:

## EVSE Installations and Service

On this day: July 7, 2011

*Blake Dickinson*

---

Blake Dickinson  
Director of Customer Satisfaction  
Efficient Energy Systems

*Richard Gershman*

---

Richard Gershman  
EVSE Installation and Service Trainer  
Efficient Energy Systems



EV Solutions™  
Electric Vehicle Charging Products and Services

# EVSE Service Training Certification

is hereby granted to

## Daryl Sitting

who has successfully completed the AeroVironment, Inc. training program for:

### EVSE Installations and Service

On this day: July 7, 2011

*Blake Dickinson*

---

Blake Dickinson  
Director of Customer Satisfaction  
Efficient Energy Systems

*Richard Gershman*

---

Richard Gershman  
EVSE Installation and Service Trainer  
Efficient Energy Systems

- ✓ Provide all confidential personal information in Confidential Exhibit B in a separate envelope marked "Confidential Exhibit B." Confidential Exhibit B will not be available to the public through the Commission's e-Docket website. It will be available to Commission Staff only. Do not include Confidential Exhibit B with your application if your application does not contain confidential information.
- ✓ For application Item # 3, redact your response if your response would contain confidential information. If your response would contain such information, provide confidential information in Confidential Exhibit B and respond to # 3 with a blank shaded area " ". Also, state that "Applicant's response is provided in Confidential Exhibit B."
- ✓ Provide your response to application Item # 6 in Exhibit A. Exhibit A should contain the information on the individual(s) you intend to use to meet the "Qualified Person" requirements of Section 469.10 and Section 469.50(d). However, if your response to application Item # 6 would contain confidential information, provide two sets of responses, public/redacted Exhibit A and Confidential Exhibit B.

For Exhibit A, provide all pages but make the confidential information illegible with a blank shaded area " ". Do not provide any confidential information in Exhibit A.

For Confidential Exhibit B, include all information, including the confidential information. As noted above, provide all confidential information in Confidential Exhibit B in a separate envelope marked "Confidential Exhibit B".

- ✓ For Item # 6(b), notarize the affidavits that attest to a Qualified Person's satisfactory completion of the installation of at least five EC charging station facilities.
- ✓ For Item # 12, include the requested information in Exhibit D. If no complaints were received, state "Not Applicable" and do not provide Exhibit D.
- ✓ Provide proof (obtained from the Illinois Secretary of State) that your company is licensed to do business in Illinois including any Illinois d/b/a information.
- ✓ Sign the application form.
- ✓ Provide an e-mail address for yourself and your attorney (if you have an attorney).
- ✓ Sign and attach the verification page for the application (the last page of the application form).

Electric Vehicle Charging Station installer Certification

Exhibit C

Enclosed you will find the following documents

- Copy of company insurance
- Copy of business license
- Copy of electrical contractor
- Copy of Illinois business authorization

JNS Power & Control Systems, Inc

Brian Howe

11/17/14

President

BRIAN HOWE



Certificate No: ECC92960-13

Rahm Emanuel, Mayor

# *Certificate of Registration*

*issued by the*

*Department of Buildings  
of the City of Chicago*

*This is to Certify that  
located at*

**JNS POWER & CONTROL SYSTEMS, I - ECC92960  
3339 N RIDGE AVE ARLINGTON HEIGHTS, IL 60004-**

*having complied with the requirements of Ordinances passed by the City Council of the City of Chicago  
providing for the registration of electrical contractors is hereby recorded as a*

**REGISTERED ELECTRICAL CONTRACTOR**

**General Electrician**

*and is entitled to perform electrical work in the City of Chicago under the Direction of Supervising Electrician  
provided that such work permits are subject to the provisions of all the Ordinances of the City of Chicago  
now in force or which may be hereafter passed. This certificate **EXPIRES** March 11, 2015.*

**SUPERVISING ELECTRICIAN: BRIAN HOWE - SE6004**

*In Witness Whereof I have hereunto set my hand on November 18, 2014.*

Felicia S. Davis, Commissioner

# Illinois Business Authorization

JNS POWER & CONTROL SYSTEMS INC

Loc. Code: 016-0003-6-001  
Arlington Heights  
Cook County

3339 N RIDGE AVE  
ARLINGTON HEIGHTS IL 60004-1411

## Certificate of Registration

Expiration Date:

10/31/2016

Sales and use taxes and fees

(3260-2081)



*[Signature]*  
Director

DEPARTMENT OF REVENUE  
Issued Date: 10/31/2011



VILLAGE OF ARLINGTON HEIGHTS  
Building Department  
33 S ARLINGTON HEIGHTS ROAD  
ARLINGTON HEIGHTS, IL 60005-1499

2014

## Business License (NON-TRANSFERABLE)

Issue Date: **1/17/14**

Expiration Date: **12/31/14**

Classification: **SPECIAL SERVICE/CONTRACTOR**

Business Name: **JNS POWER & CONTROL SYSTEMS**

Location Address: **3339 N RIDGE AV**

Comments:

Total Paid: **190.00**

License No.: **14 00016618**

Control No.: **14647**

Mailing Address:  
**JNS POWER & CONTROL SYSTEMS  
BRIAN HOWE - CEO  
3339 N RIDGE AVENUE  
ARLINGTON HEIGHTS IL 60004**

**ORIGINAL LICENSE MUST BE PROMINENTLY DISPLAYED AT BUSINESS LOCATION**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The David Agency Insurance Inc 385 N York Rd Elmhurst, IL 60126 Jim Ellis	<b>CONTACT NAME:</b> Jim Ellis <b>PHONE (A/C, No, Ext):</b> 630-516-9000 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b> 630-516-0700																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>EMC Insurance Companies</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>The Hartford Insurance Co.</td> <td>38288</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	EMC Insurance Companies		INSURER B :	The Hartford Insurance Co.	38288	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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<b>INSURED</b> JNS Power & Contr Systems Inc 3339 North Ridge Ave. Arlington Heights, IL 60004																					

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADBL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	4D83368 AM BEST RATING: A XIII	10/26/2014	10/26/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X X	4E83368	10/26/2014	10/26/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS		4J83368	10/26/2014	10/26/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	83WECBH5512	10/26/2014	10/26/2015	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Department of Environment, 350 Green LLC Grant Agreement  
Additional Insured, primary and noncontributory with Waiver of Subrogation, when required by written contract, per attached EMC Insurance Co endorsements CG7174.3, CG7555, CA7270: City of Chicago

<b>CERTIFICATE HOLDER</b>  CHGOENV  City of Chicago Dept of Environment 30 N LaSalle, Rm 200 Chicago, IL 60602	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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