INSTALLATION CERTIFICATE		CF-6R-MECH-24-HERS
Charge Indicator Display (CID)		(Page 1 of 2)
Site Address:	**Enforcement Agency:**	**Permit Number:**

CHARGE INDICATOR DISPLAY (CID)

Charge Indicator Display (CID) specifications are available in Reference Joint Appendix JA6; HERS verification procedure for the CID is in Reference Residential Appendix RA3.4.2. If refrigerant charge verification is required for compliance, and a CID has been installed on the system, a pass for this CID verification for an installed system is sufficient for demonstrating compliance with the refrigerant charge verification requirement for that system, thus submittal of a standard refrigerant charge verification compliance form (MECH 25) is not required for a system that has a passing CID verification shown in the table below.

CID - Verification of the Presence and Proper Function of a Charge Indicator Display

System Name or Identification/Tag					
System Location or Area Served					
CID Manufacturer Name and Model Number					
1	☐Yes	☐No	The display module is mounted adjacent to the system thermostat		
2	☐Yes	☐No	The manufacturer has certified to the Energy Commission that the CID model meets the requirements of Reference Joint Appendix JA6		
3	☐Yes	☐No	The CID was installed by the manufacturer		
4	☐Yes	☐No	or if 3 is No, the CID was installed according to the manufacturer's specifications		
Yes to 1 and 2 and yes to either 3 or 4 is a pass			enter Pass or Fail	✓ ☐ Pass	✓ ☐ Fail

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance, and that that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.** I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:		Responsible Person's Signature:
CSLB License:	Date Signed:	Position With Company (Title):

Registration Number: _____ Registration Date/Time: _____ HERS Provider: _____

INSTALLATION CERTIFICATE		CF-6R-MECH-24-HERS
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Is this installation monitored by a Third Party Quality Control Program (TPQCP)? ☐Yes ☐No	Name of TPQCP (if applicable):