	A. GENERAL INFORMATION				
1	Project Name:				
2	Calculation Description				
3	Multifamily/Subdivision Name		14	Input File Name:	
5	Project Location:		15	Rule Set Filename:	
7	CA City :		16	Compliance Method:	
8	Zip code		17	Special Programs:	
9	Climate Zone:		18		
10	Building Type:		19	Bldg Front Orientation (deg or cardinal):	
11	Construction Type:		20	Number of Dwelling Units:	
12	Total Cond. Floor Area (FT2):		21	Number of Zones:	
13	Slab Area (FT2):		22	Number of Stories:	
			23	Average Ceiling Height (FT):	
			24	Fuel Type:	
			25	Glazing Percentage (%):	

Verification Status:	P/F

B. OPAQUE SURFACES - Roof Details (Gray columns are informational and need not be verified by Rater)

Roof Type	Roof Pitch	Aged (or Initial?) Solar Reflectance	Thermal Emittance	Frame Type	Frame Depth (in)	Frame Spacing (in)	R-Value Above Deck	R-Value Below Deck	Status	P/F
Verification Status:										

C. OPAQUE SURFACES - Attic Details (Gray columns are informational and need not be verified by Rater)

Dwelling Unit	Frame Type	Area (ft^2)	U-factor	Cavity R-value	Continuous Insulation R-value	Actual Azimuth (deg)	Tilt	Solar Gains	Appendix JA4 Reference	Attic Ventilation	Status	P/F
Verification Status:												

D. OPAQUE SURFACES - Floor Details (Gray columns are informational and need not be verified by Rater)

Dwelling Unit	Surface Type	Frame Type	Area (ft^2)	U-factor	Cavity R-value	Continuous Insulation R-value	Tilt	Solar Gains	Appendix JA4 Reference	Status	P/F
Verification Status:											

E. OPAQUE SURFACES – Wall Details (Gray columns are informational and need not be verified by Rater)

Surface Type	Frame Type	Area (ft^2)	U-factor	Cavity R-value	Continuous Insulation R-value		Actual Azimuth	Tilt	Solar Gains	Appendix JA4 Reference	Location/Comments	Status	P/F
Verification Status:													

F. FENESTRATION SURFACES

Orientation	Surface	Area (ft^2)	U-factor	SHGC	Source	Actual Azimuth	Tilt	Film SHGC	Location/Glazing Type	Status	P/F
Verification Status:											

G. EXTERIOR SHADING

Window					Overhang				Side Fin				Status	P/F
Surface	Exterior Shade Type	Area (ft^2)	Width	Height	Depth	Height	Left Extension	Right Extension	Left Dist	Left Len	Right Dist	Right Len		
Verification Status:														

H. HVAC SYSTEMS

HVAC System Name	Heating System Type	Heating Efficiency	Cooling System Type	Cooling Efficiency SEER	Cooling Efficiency EER	duct system Name	Fan Type	Status	P/F
Verification Status:									

I. HVAC DUCT SYSTEMS

Duct System Name	Return Duct System Type	Return Duct R-Value	Return Duct Location	Supply Duct System Name	Supply Duct R-Value	Supply Duct Location	Status	P/F
Verification Status:								

J. WATER HEATING SYSTEMS

Water Heating System Name	Water Heating System Type	Central Distribution Type	Dwelling Unit Distribution Type	DHW Water Heater Type	Energy Factor or Recovery Efficiency or Thermal Efficiency	Rated Output (Btuh)	Standby Loss Total (Btuh)	Pilot Energy (Btuh)	Standby Loss (%)	Water Heater Volume (gal)	Number of water heaters in System	Water Heater Tank Exterior Insulation	Supplemental Tank Volume (gal)	Supplemental Tank External Insulation R-value	Supplemental Tank Interior Insulation R-Value	Status	P/F
Verification Status:																	

K. HYDRONIC HEATING SYSTEM PIPING

System Name	Pipe Length (FT)	Nominal Pipe Diameter (inch)	Insulation R-Value	P/F
Verification Status:				

O. DOCUMENTATION DECLARATION STATEMENT

- **I certify that this Certificate of Compliance documentation is accurate and complete.**

Name:	Signature:
Company :	Date:
Address:	If Applicable ☐ CEA or ☐ CEPE (Certification #):
City/State/Zip:	Phone:

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 the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

Builder or Installer information as shown on the Installation Certificate (CF-6R)

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	CSLB License:	
HERS Provider Data Registry Information		
Sample Group # (if applicable):	☐ tested/verified dwelling	☐ not-tested/verified dwelling in a HERS sample group
HERS Rater Information		
HERS Rater Company Name:		
Responsible Rater's Name	Responsible Rater's Signature	
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	

Instructions:
The vast majority of this form will be data transferred from the CF1R and software input file. This data is to be verified by the HERS rater, with the exception of columns that are "grayed out". These are provided for informational purposes only and the Rater does not need to verify this information. Each section above could have no rows to verify, or it could have many, depending on how the building was modeled. Each row needs to be verified. If the information in a particular row is acceptable, then the rater will indicate, "Pass" for that row. If the information is not acceptable, the Rater will indicate "Fail" and a blank row will appear under the current row. The Rater will use this row to indicate what the correct value should be. This may be for one or all of the columns for that row.
If any rows are marked as "Fail" then "Fail" will appear in the last row of that section ("Verification Status"). The Rater must enter a general description of what failed and why.
If an item is missing from the list, (for example: five windows should have been modeled but only four appear on the list), the Rater can enter "Fail" in the last row and explain what is missing.
Generally Speaking, an item (row and column) should fail if what appears on this form is "worse" than what exists in the home (i.e., results in higher modeled energy use). For example, if R-0 appears on this form as the ceiling insulation but the existing home has some insulation, it should be marked as a fail Conversely, if this form shows R13 as the ceiling insulation, but only R-11 exists, this should not be marked as a fail. If the determination of "worse" is not readily apparent (e.g., wrong roof type specified), then it should be marked as a fail.

Sections:
A. General Information
Rater should verify this information to the best of their ability. Any questions or deviations should be indicated in the Verification Status row.

B. OPAQUE SURFACES - Roof Details (Gray columns are informational and need not be verified by Rater)
Existing roof type, R-value above deck and R-value below deck should all be verified.

C. OPAQUE SURFACES - Attic Details (Gray columns are informational and need not be verified by Rater)
Existing dwelling unit, frame type, area, u-factor, and R-values should all be verified.

D. OPAQUE SURFACES - Floor Details (Gray columns are informational and need not be verified by Rater)
Existing dwelling unit, surface type, frame type, area, u-factor, and R-values should all be verified.

E. OPAQUE SURFACES – Wall Details (Gray columns are informational and need not be verified by Rater)
Existing wall type, frame type, area, u-factor and R-values, should all be verified.

F. FENESTRATION SURFACES
All columns of this section should be verified.

G. EXTERIOR SHADING
All columns of this section should be verified.

H. HVAC SYSTEMS
All columns of this section should be verified.

I. HVAC DUCT SYSTEMS
All columns of this section should be verified.

J. WATER HEATING SYSTEMS
All columns of this section should be verified.

K. HYDRONIC HEATING SYSTEM PIPING
All columns of this section should be verified