CERTIFICATE OF INSTALLATION		CF2R-MCH-21-H
Duct Location		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

A. General Information		
Note: Submit one Installation Certificate for each duct system that is taking credit for duct location.		
01	SC System Identification or Name	
02	SC System Location or Area Served	
03	Status - Less than 12 ft Ducts in Conditioned Space Performance Credit:	
04	Status - Ducts Located In Conditioned Space Performance Credit:	
05	Status – All Ducts Entirely in Directly Conditioned Space R-value Exception:	

B. 12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space - RA3.1.4.1.2	
01	A visual inspection shall confirm space conditioning systems with air handlers located outside the conditioned space have 12 linear feet or less of duct located outside the conditioned space including air handler and plenum.
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.	

C. Ducts Located In Conditioned Space - RA3.1.4.1.3	
01	A visual inspection shall confirm the space conditioning system is located entirely in conditioned space.
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.	

D. All Ducts Located Entirely in Directly Conditioned Space R-Value Exception - RA3.1.4.3.8		
01	A visual inspection shall confirm the space conditioning distribution system location:	
02	Actual system duct leakage rate (cfm) measured using RA3.1.4.3.4 Duct Leakage to Outside from Fan Pressurization of Ducts	
03	Compliance Statement:	

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CERTIFICATE OF INSTALLATION		CF2R-MCH-21-H
Duct Location		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Installation documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Installation is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation and attest to the declarations in this statement (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer.
3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations, and the installation conforms to the requirements given on the plans and specifications approved by the enforcement agency.
4. I understand that a HERS rater will check the installation to verify compliance, and 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.
5. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met.
6. I will ensure that a registered copy of this Certificate of Installation 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 registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:
Third Party Quality Control Program (TPQCP) Status:	Name of TPQCP (if applicable):	

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CF2R-MCH-21-H User Instructions

Section A. General Information

1 *HVAC System Identification or Name*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
2 *HVAC System Location or Area Served*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
3 *Status – Less than 12 ft Ducts in Conditioned Space Performance Credit:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.
4 *Status – Ducts Located in Conditioned Space Performance Credit:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.
5 *Status – All Ducts Located Entirely in Directly Conditioned Space R-Value Exception:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.

Section B. 12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space

1 This field is automatically filled.

Section C. Ducts Located in Conditioned Space

1 This field is automatically filled.

Section D. All Ducts Located Entirely in Directly Conditioned Space R-Value Exception

1 *A Visual Inspection Shall Confirm the Distribution System is in Conditioned Space:* If a visual inspection confirms that the ducts appear to be entirely within conditioned space, then select "entirely in conditioned space", otherwise select "Not entirely in conditioned space". The latter selection means that the system does not meet the requirements and the CF1R will have to be revised or the system will need to be modified such that the ducts are located entirely within conditioned space.
2 *Actual System Duct Leakage Rate (cfm) Measured using RA3.1.4.3.4 Duct Leakage to Outside from Fan Pressurization of Ducts:* Enter the measured duct leakage rate (cfm) using the procedures found in RA3.1.4.3.4.
3 *Compliance Statement:* This field is automatically filled.

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