

|                         |                   |                  |
|-------------------------|-------------------|------------------|
| Number and Street _____ |                   | City _____       |
| County _____            | Subdivision _____ | Lot Number _____ |

**Description of Installation**

1. ROOF  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_
  
2. CEILING  
 Batt or Blanket Type \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_  
 Loose Fill Type \_\_\_\_\_ Brand \_\_\_\_\_  
 Contractor's min installed weight/ft<sup>2</sup> \_\_\_\_\_ lb Minimum thickness \_\_\_\_\_ inches  
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) \_\_\_\_\_
  
3. EXTERIOR WALL  
 Frame Type \_\_\_\_\_  
 A. Cavity Insulation  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_  
 B. Exterior Foam Sheathing  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_
  
4. RAISED FLOOR  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_
  
5. SLAB FLOOR/PERIMETER  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_  
 Perimeter Insulation Depth (inches) \_\_\_\_\_
  
6. FOUNDATION WALL  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_

**Declaration**

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

|               |                       |  |
|---------------|-----------------------|--|
| Item #s _____ | Signature, Date _____ | Installing Subcontractor (Co. Name) OR<br>General Contractor (Co. Name) OR Owner _____ |
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