

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****CERTIFICATE OF INSTALLATION**

Note: This table completed by HERS Registry.

Project Name:	Enforcement Agency:
Dwelling Address:	Permit Number:
City and Zip Code:	Permit Application Date:

Title 24, Part 6, Section 150.0(o) **Ventilation for Indoor Air Quality.** All dwelling units shall meet the requirements of ANSI/ASHRAE Standard 62.2-2019 Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings subject to the amendments specified by Title 24, Part 6, Section 150.0(o)1.

A. Whole-Dwelling Mechanical Ventilation - General Information

Note:

Non-dwelling units do not meet the definition for a dwelling unit as defined in Section 100.1(b). Non-dwelling units are not designed to provide independent living facilities and do not provide permanent provisions for living, sleeping, eating, cooking and sanitation.

01	Dwelling Unit Name	
02	Building Type	
03	Project Scope	
04	Total Conditioned Floor Area of Dwelling Unit (For addition projects the conditioned floor area equals existing area plus addition area)	
05	Number of Bedrooms in Dwelling Unit (For addition projects the number of bedrooms equals the existing bedrooms plus addition bedrooms)	
06	Ventilation System Type	
07	Ventilation Operation Schedule	

MCH-27d – Non Dwelling Unit**B. HRV or ERV**

Balanced ventilation systems shall comply with appropriate requirements in 150.0(o)2C.

01	02	03
Manufacturer Make	Manufacturer Model Number	Fan Efficacy Performance Rating (W/CFM)

C. Compliance Statement

01	
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**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****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

2. 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 either: a) a responsible person 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, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
 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 certificate of compliance, plans, and specifications approved by the enforcement agency.
 4. I understand that a HERS rater will check the installation to verify compliance and if such checking determines the installation fails to comply, I am required to offer any necessary corrective action at no charge to the building owner.
 5. I understand 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, and I will take the necessary steps to ensure this requirement is accomplished.
 6. 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, and I will take the necessary steps to ensure this requirement is accomplished.

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):	

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300

CERTIFICATE OF INSTALLATION – DATA FIELD DEFINITIONS AND CALCULATIONS	CF2R-MCH-27-E
Indoor Air Quality and Mechanical Ventilation – MCH-27d	(Page 1 of 2)

CF2R-MCH-27d-E User Instructions

Section A. General Information

1. Building Unit Name: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document. This is the unique identifier for this dwelling unit. . Ventilation is calculated and provided for each dwelling unit individually.
2. Building Type: This field is filled out automatically. It is referenced from the CF1R. Values are “single family attached” and “single family detached”. User is allowed to overwrite imported value with “non-dwelling unit” selection.
3. Project Scope: This field is filled out automatically. It is referenced from the CF1R.
 - If parent document is the CF1R-PRF-01, values are “Newly Constructed”, “Newly Constructed (Addition Alone)” and “Addition and /or Alteration”
 - If parent document is CF1R-NCB-01, values are “Newly Constructed” and “Newly Constructed (Addition Alone)”
 - If parent document is CF1R-ADD-01, values are “ADU Addition < 300 ft2”, “ADU Addition > 300 to < 400 ft2”, “ADU Addition > 400 to < 700 ft2” and “ADU Addition > 700 to < 1000 ft2”.
4. Total Conditioned Floor Area of Dwelling Unit: This field is filled out automatically. It is referenced from the CF2R-MCH-01.
5. Number of Bedrooms in Dwelling Unit: This field is filled out automatically. It is referenced from the CF2R-MCH-01.
6. Ventilation system Type: This may be filled out automatically or be user input.
 - If parent document is the CF1R-PRF-01, the value will be filled out automatically.
 - If Building type is equal to Non-dwelling unit, an N/A value will be filled out automatically.
 - If parent document is the CF1R-NCB or CF1R-ADD, user selects from list of Supply, Exhaust, Balanced, Balanced – ERV, Balanced – HRV, Central Fan Integrated (CFI), Central Ventilation System – Supply and Central Ventilation System – Exhaust and Central Ventilation System Balanced.
7. Ventilation operation schedule: This may be filled out automatically or be user input.
 - Building type is equal to Non-dwelling unit; an N/A value will be filled out automatically.
 - User selects from list of Continuous, Short-Term Average, Scheduled and Real-time Control.
 - Note if “Ventilation System Type” (A11) = Central Fan Integrated & “Ventilation Operation Schedule” (A12) = Continuous; then user will not be allowed to proceed.

Section B. HRV or ERV Information

1. Manufacturer Make – User input text
2. Manufacturer Model Number – User input text
3. Fan Efficacy Performance Rating – Reference information from CF1R or be user input

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Documentation Declaration Statements

1. The person who prepared the CF2R will sign and complete the fields for their name, company (if applicable), address, phone number, certification information (if applicable), date and signature.
2. The person who is assuming responsibility for the project being built to comply with Title 24, Part 6, will complete the fields for their name, company (if applicable), address, phone number, license number (if applicable), date and signature.

For information and data collection only. Not valid until registered with a HERS provider