

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****CERTIFICATE OF VERIFICATION****Note:** This table completed by HERS Registry.

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

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	Indoor Unit Name or Description of Area Served	
04	Status – Less than 12 ft Ducts in Conditioned Space Performance Credit	
05	Status – Ducts Located In Conditioned Space Performance Credit	
06	Status – Duct System Located Entirely in Directly Conditioned Space, No Insulation Requirement	
07	Status – Portions of Ducts Located in Conditioned Space, R-6 Exception	

B. 12 Linear Feet or Less of 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.	
02	Verification Status:	<div><input type="checkbox"/> <u>Pass</u> - all applicable requirements are met; or</div> <div><input type="checkbox"/> <u>Fail</u> - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or</div> <div><input type="checkbox"/> <u>All N/A</u> - This entire table is not applicable</div>
03	Correction Notes:	
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.		

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.		
02	Verification Status:	<input type="checkbox"/> <u>Pass</u> - all applicable requirements are met; or	
		<input type="checkbox"/> <u>Fail</u> - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or	
		<input type="checkbox"/> <u>All N/A</u> - This entire table is not applicable	
03	Correction Notes:		
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.			

D. Duct System Located Entirely in Directly Conditioned Space, No Insulation Requirement - 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:	

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****E. Determination of HERS Verification Compliance**

All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.

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

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****DOCUMENTATION AUTHOR'S DECLARATION STATEMENT**

1. I certify that this Certificate of Verification documentation is accurate and complete.

1. I certify that this Certificate of Verification documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Company:	Date Signed:
Address:	CEA/HERS Certification Information (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 Verification is true and correct.
 2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
 3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency.
 4. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency.
 5. I understand that a registered copy of this Certificate of Verification 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 Verification 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.

BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION

Company Name (Installing Subcontractor, General Contractor, or Builder/Owner):	
Responsible Builder or Installer Name:	CSLB License:

HERS PROVIDER DATA REGISTRY INFORMATION

Sample Group Number (if applicable):	Dwelling Test Status in Sample Group (if applicable):
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HERS RATER INFORMATION

HERS Rater Company Name:	
Responsible Rater Name:	Responsible Rater Signature:
Responsible Rater Certification Number w/ this HERS Provider:	Date Signed:

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

CERTIFICATE OF VERIFICATION – USER INSTRUCTIONS	CF2R-MCH-21-H
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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. *Indoor Unit Name*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
4. *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.
5. *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.
6. *Status – Duct Systems Located Entirely in Conditioned Space, No Insulation Requirement*: This field is automatically filled based on the information given on the CF1R. If “True” appears here, it means that the duct system is located entirely in conditioned space and is allowed to be installed with insulation less than the minimum R-Value or no insulation.
7. *Status – Portions of Ducts Located in Conditioned Space, R-6 Exception*: This field is automatically filled based on the information given on the CF1R. If “True” appears here, it means that portions of the duct system are located in conditioned space and are allowed to be installed with insulation less than the minimum R-Value or no insulation.

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

- 1 This field is informational and pertains to the following fields.
- 2 *Verification Status*: If this Section does not apply, then select “All N/A”. If the system meets the criteria for *12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space* credit then select “Pass”, otherwise select “Fail”. 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 to meet the requirements.
- 3 This field is used by the Rater to notify the contractor what needs to be corrected if this verification status is marked as fail.

Section C. Ducts Located in Conditioned Space

- 1 This field is informational and pertains to the following fields.
- 2 *Verification Status*: If this Section does not apply, then select “All N/A”. If the system meets the criteria for *Ducts Located in Conditioned Space* credit then select “Pass”, otherwise select “Fail”. 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 to meet the requirements.
- 3 This field is used by the Rater to notify the contractor what needs to be corrected if this verification status is marked as fail.

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Section D. Duct System Located Entirely in Directly Conditioned, No Insulation Requirement

1. *A Visual Inspection Shall Confirm the Distribution System is in Conditioned Space:* If a visual inspection confirms that the ducts are entirely within directly conditioned space, then select “entirely in directly conditioned space”, otherwise select “not entirely in directly 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 directly 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.

Section E. Determination of HERS Verification Compliance

1. This field is filled out automatically. Compliance requires that all individual criteria pass.

Documentation Declaration Statements

1. The person who prepared the CF3R 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 (if applicable) for their company, responsible builder or installer name, CSLB license number, sample group number, dwelling test status in sample group, HERS Rater company name, HERS Rater name, HERS Rater signature, HERS Rater certification number and date signed.