

**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. Whole House Fan Measurement Procedures**

<b>01</b>	Whole House Fan Airflow/Watts Measurement Procedure:	
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**MCH-31b Whole House Fan Air Flow and Fan Efficacy – Airflow measured per whole house fan and watts measured as a total value****B. Required Whole House Fan Specifications**

<b>01</b>	<b>02</b>	<b>03</b>
Fan Name	WHF Modeled Airflow (CFM)	WHF Modeled Fan Power (Watts)

**C. Tested Whole House Fan Equipment Information**

Requirements for Whole House Fans are given in Sections 150.1(b)3.B.vi. and 150.1(c)12

<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	<b>06</b>
Fan Name	Fan Location	WHF Manufacturer Name	WHF Model Number	WHF Tested Airflow (CFM) Per RA3.9.4.1	WHF Tested Watts Per RA3.9.4.2

**D. Whole House Fan Compliance Calculations**

<b>01</b>	Required CFM	
<b>02</b>	Installed CFM	
<b>03</b>	Required Fan Efficacy (Watts/CFM)	
<b>04</b>	Installed Fan Efficacy (Watts/CFM)	

**E. Compliance Statement**


**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****F. Additional Requirements**

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.

01	The installed fan shall be listed in the Home Ventilating Institute Certified Products Directory.	
02	The homeowner shall be provided with user instructions documentation that describes the proper use of the whole house fan necessary to obtain the full energy savings benefit.	
03	Verification Status:	1. <u>Pass</u> - all applicable requirements are met; or 2. <u>Fail</u> - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below
04	Correction Notes:	

**G. 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.

01	
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Registration Number:

Registration Date/Time:

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

Registration Number:

Registration Date/Time:

HERS Provider:

CERTIFICATE OF VERIFICATION – DATA FIELD DEFINITIONS AND CALCULATIONS	CF3R-MCH-31
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## CF2R-MCH-31b-H User Instructions

### Section A. Whole House Fan Measurement Procedures

1. Select the procedure used to measure whole house fan Airflow.
2. Select the procedure used to measure whole house fan Watts.

### Section B. Required Whole House Fan Specifications

1. Fan name will be auto populated from CF2R.
2. Whole House Fan (WHF) airflow in CFM will be auto populated from CF2R.
3. Whole House Fan (WHF) power in Watts will be auto populated from CF2R.

### Section C. Whole House Fan (WHF) Equipment Information

1. Fan name will be auto populated by CF2R.
2. Enter the location for each whole house fan.
3. Enter the name of the manufacturer for each whole house fan.
4. Enter the model number for each whole house fan.
5. Enter the tested airflow in CFM per RA3.9.4.1 for each whole house fan.
6. Enter the total tested Watts per RA3.9.4.2 for all whole house fans.

### Section D. Whole House Fan Compliance Calculations

1. This field is automatically populated from Section B.
2. This field is automatically populated from Section C.
3. This field is automatically populated from Section B.
4. This field is automatically calculated from Section C.

### E. Compliance Statement

To comply, the total installed whole house fan efficacy must be greater than or equal to the required fan efficacy.

### F. Additional Requirements

1. To qualify for the whole house fan credit, the installed whole house fans must be listed in the Home Ventilating Institute Certified Products Directory, <https://www.hvi.org/hvi-certified-products-directory/>
2. The homeowner shall be provided with user instructions documentation that describes the proper use of the whole house fan necessary to obtain the full energy savings benefit.
3. Verification Status: If the system meets the criteria for Whole House Fan Compliance 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.
4. Correction Notes: If one or more applicable requirements are not met "Fail" will appear in the row above. When this occurs the rater is required to enter detailed notes here that describe what failed and why.

Registration Number:

Registration Date/Time:

HERS Provider:

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#### G. 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.

Registration Number:

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HERS Provider: