



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. Air Barrier Materials

01	<p>A continuous sealed exterior air barrier is required in all thermal envelope assemblies to limit air movement between unconditioned/outside spaces and conditioned/inside spaces, and must comply using one of the following methods:</p> <ol style="list-style-type: none"> Using individual materials that have an air permeance not exceeding 0.004 cfm/ft² under a pressure differential of 0.3 in. w.g. (1.57 pcf) (0.02 L/s.m² at 75 pa) when tested in accordance with ASTM E2178; or Using assemblies of materials and components that have an average air leakage not to exceed 0.04 cfm/ft² under a pressure differential of 0.3 in. w.g. (1.57 pcf) (0.2 L/s.m² at 75 pa) when tested in accordance with ASTM E2357, ASTM E1677, ASTM E1680, or ASTM E283; or Testing the complete building and demonstrating that the air leakage rate of the building envelope does not exceed 0.40 cfm/ft² at a pressure differential of 0.3 in. w.g. (1.57 pcf) (2.0 L/s.m² at 75 pa) in accordance with ASTM E779 or an equivalent approved method. 	
02	Method of Compliance	
03	Verification Status	<input type="checkbox"/> <u>Pass - all applicable requirements are met; or</u> <input type="checkbox"/> <u>Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or</u> <input type="checkbox"/> <u>All N/A - This entire table is not applicable.</u>
04	Correction Notes	

Note:

SPF insulation is an acceptable air barrier and sealant when installed to a minimum thickness of 2 inches for closed cell and 5.5 inches for open cell, except where not allowed by manufacturer (e.g., flues, vents, can lights, etc.).

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 Correction Notes.

B. Raised Floor Adjacent to Unconditioned Space or Separate Dwelling Units

01	All gaps in the raised floor are sealed.	
02	All chases are sealed at floor level using a sealed hard cover.	
03	All holes (e.g., for plumbing and electrical wires) that penetrate the floor or bottom plates of walls are sealed.	
04	Subfloor sheathing is glued or sealed at all panel edges to create a continuous airtight subfloor air barrier.	
05	Verification Status	<input type="checkbox"/> <u>Pass - all applicable requirements are met; or</u> <input type="checkbox"/> <u>Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or</u> <input type="checkbox"/> <u>All N/A - This entire table is not applicable.</u>
06	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 Correction Notes.



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C. Walls Adjacent to Unconditioned Space

Table with 11 rows detailing requirements for walls adjacent to unconditioned space, including verification status and 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 Correction Notes.

D. Ceiling Air Barrier Adjacent to Unconditioned Space

Table with 12 rows detailing requirements for ceiling air barrier adjacent to unconditioned space, including verification status and correction notes.

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E. Roof Air Barrier – Unvented Attics Adjacent to Unconditioned Space

Table with 5 rows: 01 (continuous air barrier), 02 (chimneys/flues flashing), 03 (penetrations sealed), 04 (Verification Status with checkboxes for Pass, Fail, or All N/A), 05 (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 Correction Notes.

F. Conditioned Space Above or Adjacent to Garage Air Barrier

Table with 4 rows: 01 (penetrations in subfloor), 02 (infiltration prevention methods), 03 (Verification Status with checkboxes for Pass, Fail, or All N/A), 04 (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 Correction Notes.

G. Cantilevered Floor Air Barrier

Table with 5 rows: 01 (airtight blocking), 02 (exterior sheathing), 03 (gaps/cracks sealed), 04 (Verification Status with checkboxes for Pass, Fail, or All N/A), 05 (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 Correction Notes.



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H. Walls for Attached Porch, Attic, Double Wall Air Barrier

Table with 4 rows: 01 (An exterior wall air barrier is required...), 02 (Truss framing blocking is used...), 03 (Verification Status with checkboxes for Pass, Fail, or All N/A), 04 (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 Correction Notes.

I. Air Barriers in Multifamily Dwellings

Table with 7 rows: 01 (Each dwelling unit must be sealed...), 02 (All penetrations through the floor and ceiling...), 03 (Elevator penthouse, mechanical penthouse...), 04 (Vertical chases for garbage chutes...), 05 (Common hallways shall be treated as unconditioned space...), 06 (Verification Status with checkboxes for Pass, Fail, or All N/A), 07 (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 Correction Notes.

J. Special Requirements for SIPs

Table with 4 rows: 01 (SIPs are considered an air barrier when properly sealed...), 02 (Air barrier is continuous across all surfaces...), 03 (Verification Status with checkboxes for Pass, Fail, or All N/A), 04 (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 Correction Notes.

K. Special Requirements for ICF

Table with 4 rows: 01 (ICF sections are considered an air barrier when properly sealed...), 02 (Air barrier is continuous across all surfaces...), 03 (Verification Status with checkboxes for Pass, Fail, or All N/A), 04 (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 Correction Notes.



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



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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

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

Table with 2 columns: Documentation Author Name, Documentation Author Signature, Company, Date Signed, Address, CEA/HERS Certification Information, 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 (LMCI) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (LMCC) 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

BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION

Table with 2 columns: Company Name, Responsible Builder or Installer Name, CSLB License.

HERS PROVIDER DATA REGISTRY INFORMATION

Table with 2 columns: Sample Group Number, Dwelling Test Status in Sample Group.

HERS RATER INFORMATION

Table with 2 columns: HERS Rater Company Name, Responsible Rater Name, Responsible Rater Signature, Responsible Rater Certification Number, Date Signed.

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

CF3R-ENV-21 User Instructions

Quality Insulation Installation (QII) applies to the entire building (roof/ceiling, walls, and floor) for new construction and requires field verification by a third-party HERS Rater. For Alterations to existing buildings, compliance credit can only be taken when the “existing, plus addition, plus alteration” approach is used, but credit will only apply to the new surfaces in the new zone.

A. Air Barrier Materials

2. Method of Compliance: Using the drop down menu, indicate which method is being used to comply with the continuous air barrier requirements [e.g., Method 1 (Individual Materials), Method 2 (Assemblies of Materials), Method 3 (Complete Building)].
3. Verification Status: HERS Rater to select from list:
 - a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
4. Correction Notes: Rater must enter the reason for failure.

B. Raised Floor Adjacent to Unconditioned Space or Separate Dwelling Unit

5. Verification Status: HERS Rater to select from list:
 - a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
6. Correction Notes: Rater must enter the reason for failure.

C. Walls Adjacent to Unconditioned Space

10. Verification Status: HERS Rater to select from list:
 - a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
11. Correction Notes: Rater must enter the reason for failure.

D. Ceiling Air Barrier Adjacent to Unconditioned Space

11. Verification Status: HERS Rater to select from list:
 - a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
12. Correction Notes: Rater must enter the reason for failure.

E. Roof Air Barrier – Unvented Attics Adjacent to Unconditioned Space

4. Verification Status: HERS Rater to select from list:
 - a. Pass – all applicable requirements are met.

- b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
5. Correction Notes: Rater must enter the reason for failure.

F. Conditioned Space Above or Adjacent to Garage Air Barrier

3. Verification Status: HERS Rater to select from list:
- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
4. Correction Notes: Rater must enter the reason for failure.

G. Cantilevered Floor Air Barrier

4. Verification Status: HERS Rater to select from list:
- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
5. Correction Notes: Rater must enter the reason for failure.

H. Walls for Attached Porch, Attic, Double Wall Air Barrier

3. Verification Status: HERS Rater to select from list:
- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
4. Correction Notes: Rater must enter the reason for failure.

I. Air Barrier in Multifamily Dwellings

6. Verification Status: HERS Rater to select from list:
- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
7. Correction Notes: Rater must enter the reason for failure.

J. Special Requirements for SIPs

3. Verification Status: HERS Rater to select from list:
- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
4. Correction Notes: Rater must enter the reason for failure.

K. Special Requirements for ICF

3. Verification Status: HERS Rater to select from list:

- a. Pass – all applicable requirements are met.
 - b. Fail – one or more applicable requirements are not met. Rater must enter reason for failure in correction notes field below.
 - c. All N/A – This entire table is not applicable.
4. Correction Notes: Rater must enter the reason for failure.

L. Determination of HERS Verification Compliance

- 1. This field is filled out automatically based on all verification protocol requirements in this document showing compliance.

Documentation Declaration Statements

- 1. The person who prepared the LMCV 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.

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