

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

Project Name:	CF1R-PRF Calculation Date/Time:
CF1R-PRF Calculation Description:	CF1R-PRF Input File Name:

**A. General Information**

01	Project Name			
02	Calculation Description			
03	Project Location			
04	CA City	05	Standard Version	
06	Zip Code	07	Software Version	
08	Climate Zone	09	Front Orientation (deg/Cardinal)	
10	Total Building Volume (ft³)	11	Number of Dwelling Units	
12	Project Scope	13	Number of Bedrooms	
14	New Conditioned Floor Area(ft²)	15	Number of Stories	
16	Existing Conditioned Floor Area (ft²)	17	Fenestration Average U-factor	
18	Total Conditioned Floor Area (ft²)	19	Glazing Percentage (%)	

**B1. Building Envelope Leakage**

01	Date of Diagnostic Test for this Dwelling	
02	Test Procedure Used	
03	Manometer Make	
04	Manometer Model	
05	Manometer Serial Number	
06	Manometer Calibration Date	
07	Manometer Calibration Status	
08	Test Methodology	
09	Target Enclosure Air Leakage from CF1R (ACH50)	
09	Tested Pre-Retrofit CFM50	
10	Tested Pre-Retrofit ACH50	
11	Verification	
12	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
13	Correction Notes:	

Registration Number:

Registration Date/Time:

ECC Provider:

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****B. Opaque Surfaces**

01	02	03	04	05	06	07	08
Name	Zone	Existing Conditions	Surface Type	Azimuth	Orientation	Total Cavity R-value	Verification
09	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
10	Correction Notes:						

**C. Roofs**

01	02	03	04	05	06	07	08
Name	Construction	Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Verification
09	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
10	Correction Notes:						

**D. Windows**

01	02	03	04	05	06	07	08
Name	Azimuth	Multiplier	Area (ft <sup>2</sup> )	U-factor	SHGC	Exterior Shading	Verification
09	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
10	Correction Notes:						

**E. Doors**

01	02	03	04	05
Name	Parent Surface	Area (ft <sup>2</sup> )	U-factor	Verification
06	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below		
07	Correction Notes:			

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****F. Overhangs & Fins**

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
	Overhang					Left Fin				Right Fin				
Window	Overhang Depth	Dist. Up	Left Ext.	Right Ext.	Flap Ht	Depth	Top Up	Dist (Left)	Bottom Up	Depth	Top Up	Dist (Right)	Bottom Up	Verification
16	Verification Status:					<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below								
17	Correction Notes:													

**G. Water Heaters**

01	02	03	04	05	06	07	08	09
Name	Heater Element Type	Tank Type	Tank Volume (gal)	Energy Factor or Efficiency	Input Rating	Tank Exterior Insulation R-value	Standby Loss (Fraction)	Verification
10	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below					
11	Correction Notes:							

**H. Water Heating**

01	02	03	04	05
Name	Distribution Type	Number of Heaters	Solar Savings Fraction	Verification
06	Verification Status:		<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below	
07	Correction Notes:			

**I. HVAC – Heating Systems**

01	02	03	04
Name	Type	Efficiency	Verification
05	Verification Status:		
<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below			
06	Correction Notes:		

Registration Number:

Registration Date/Time:

ECC Provider:

CA Building Energy Efficiency Standards - 2025 Single-Family Compliance

January 1, 2026

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****J. HVAC – Cooling Systems**

01	02	03	04	05
Name	System Type	EER/EER2/CEER	SEER/SEER2	Verification
06	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below		
07	Correction Notes:			

**K. HVAC Distribution**

01	02	03	04	05
Name	Duct R-Value	Supply Duct Location	Return Duct Location	Verification
06	Verification Status:	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below		
07	Correction Notes:			

**L. Indoor Air Quality (IAQ) Fans**

01	02	03	04	05
Name	IAQ Fan Type	Airflow (CFM)	Fan Efficacy (W/CFM)	Verification
06	Verification Status	<input type="checkbox"/> Pass - all applicable requirements are met; or <input type="checkbox"/> Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below		
07	Correction Notes:			

**M. Determination of ECC 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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**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.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/AEA/ECC Certification Identification (If applicable):
City/State/Zip:	Phone:

**RESPONSIBLE PERSON'S DECLARATION STATEMENT**

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 ECC Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
3. I field inspected the existing building features, materials, components, manufactured devices, or system performance characteristics proposed for compliance credit for energy efficiency improvement identified on this Certificate of Verification and determined these existing building features, materials, components, manufactured devices, or system performance characteristics qualify for the proposed existing conditions compliance credit unless reported as not qualified in verification status and correction notes fields on this Certificate of Verification.
4. 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 shall be made available to the enforcement agency for all applicable inspections. I will take the necessary steps to fulfill this requirement.
5. 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. I will take the necessary steps to fulfill this requirement.

**ECC RATER INFORMATION**

ECC Rater Company Name:	
Responsible Rater Name:	Responsible Rater Signature:
Responsible Rater Certification Number w/ this ECC 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	CF3R-EXC-20-H
Existing Conditions for Residential Alterations	(Page 1 of 2)

### CF3R-EXC-20-H User Instructions

#### A. General Information

Rater should verify this information to the best of their ability. Any questions or deviations should be indicated in the Verification Status row.

#### B1. Building Envelope Leakage

Existing (pre-retrofit) building envelope leakage should be verified in accordance with the procedures outlined in the Reference Appendices, Residential Appendix, RA3.8.

#### B. Opaque Surfaces

Existing roof type, R-value above deck, and R-value below deck should all be verified.

#### C. Roofs

Existing dwelling unit, frame type, area, U-factor, and R-values should all be verified.

#### D. Windows

Existing dwelling unit, surface type, frame type, area, u-factor, and R-values should all be verified.

#### E. Doors

Existing wall type, frame type, area, U-factor, and R-values should all be verified.

#### F. Overhangs & Fins

All columns of this section should be verified.

#### G. Water Heaters

All columns of this section should be verified.

#### H. Water Heating

All columns of this section should be verified.

#### I. HVAC – Heating Systems

All columns of this section should be verified.

#### J. HVAC – Cooling Systems

All columns of this section should be verified.

#### K. HVAC Distribution

All columns of this section should be verified

**L. Indoor Air Quality (IAQ) Fans**

All columns of this section should be verified.

**M. Determination of ECC Verification Compliance**

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 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, ECC Rater company name, ECC Rater name, ECC Rater signature, ECC Rater certification number and date signed.

FOR INFORMATION AND DATA COLLECTION ONLY. NOT VALID UNTIL REGISTERED WITH AN ECC PROVIDER.