

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****CERTIFICATE OF INSTALLATION****Note:** This table completed by ECC 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 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***The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.***

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.
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C. Ducts Located In Conditioned Space - RA3.1.4.1.3***The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.***

01	A visual inspection shall confirm the space conditioning duct system is located entirely in conditioned space.
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D. All Ducts Located Entirely in Directly Conditioned Space, No Insulation Requirement - RA3.1.4.3.8***The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.***

01	A Visual Inspection Shall Confirm the Space Conditioning Distribution System Location as specified by Section RA3.1.4.1.3	
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. Portions of Ducts Located in Conditioned Space, R-6 Exception**

The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.

The following shall be confirmed by visual inspection when applicable.

01	Portions of the duct system with no insulation (or with insulation less than minimum R-6) are located in conditioned space below the ceiling separating the occupiable space from the attic.
02	Portions of the duct system with no insulation (or with insulation less than minimum R-6) are located entirely inside the building's thermal envelope.
03	At all locations where portions of the duct system with no insulation (or with insulation less than minimum R-6) penetrate into unconditioned space, the penetrations are draft stopped compliant with CFC sections 703.1 and 704.1 and air-sealed to the construction materials that are penetrated, using materials compliant with CMC sections E502.4.2 to prevent air infiltration into the cavity. All connections in unconditioned space are insulated to a minimum of R-6.

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

**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/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 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 an ECC-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 shall be made available to the enforcement agency for all applicable inspections. I will take the necessary steps to fulfill this requirement.
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. I will take the necessary steps to fulfill this requirement.

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

LMCI-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 LMCI-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 LMCI-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 LMCI-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 LMCC. 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 LMCC. 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 LMCC. 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 LMCC. 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 automatically filled.

Section C. Ducts Located in Conditioned Space

1. This field is automatically filled.

Section D. All Ducts Located Entirely in Directly Conditioned Space, 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 LMCC 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. Portions of Ducts Located in Conditioned Space, R-6 Exception

1. This field must be a true statement (or not applicable) for the system to comply.
2. This field must be a true statement (or not applicable) for the system to comply.
3. This field must be a true statement (or not applicable) for the system to comply.

Documentation Declaration Statements

1. The person who prepared the LMCI 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.

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