Consistent with the requirements of Title 24, Part 6 Sections 100.0(h) and Reference Residential Appendix 3 (RA3), companies wishing to certify to the California Energy Commission shall execute a declaration under penalty of perjury attesting that all information provided is true, complete, accurate, and in compliance with the applicable provisions of Part 6. Companies may fulfill this requirement by providing the required information, signing the declaration below and submitting electronically to CertifiedtoCEC@energy.ca.gov

**Manufacturer, Model Name and Number of all apparatus being certified**

| **Manufacturer** | **Apparatus Model Name**  | **Apparatus Model Number** | **Meets Requirements For Testing** |
| --- | --- | --- | --- |
|       |       |       | [ ]  Forced Air Systems (RA3.3)[ ]  Ventilation Systems (RA 3.7)[ ]  Whole House Fans (RA 3.9) |
|       |       |       | [ ]  Forced Air Systems (RA3.3)[ ]  Ventilation Systems (RA 3.7)[ ]  Whole House Fans (RA 3.9) |
|       |       |       | [ ]  Forced Air Systems (RA3.3)[ ]  Ventilation Systems (RA 3.7)[ ]  Whole House Fans (RA 3.9) |

If an additional third-party component is required for an apparatus to be capable of performing one or more tests, such as a specialized third party capture hood needed for testing whole house fans, enter the apparatus model number for which the additional component is needed followed by the manufacturer, model name, and model number of the required third party component below. If third-party components are not required, leave this table blank.

**Manufacturer, Model Name and Number of required third party components (if any)**

| **Apparatus Model Number** | **Third Party Manufacturer** | **Third Party Model Name**  | **Third Party Model Number** | **Required For Testing** |
| --- | --- | --- | --- | --- |
|       |       |       |       | [ ]  Forced Air Systems[ ]  Ventilation Systems[ ]  Whole House Fans |
|       |       |       |       | [ ]  Forced Air Systems[ ]  Ventilation Systems[ ]  Whole House Fans |
|       |       |       |       | [ ]  Forced Air Systems[ ]  Ventilation Systems[ ]  Whole House Fans |

When providing the information below, be sure to enter complete mailing addresses, including postal/zip codes.

**Certifying Company**

|  |  |
| --- | --- |
| Contact Person Name \*      | Phone 1      |
| Certifying Company Name \*\*      | Phone 2      |
| Address      | Fax      |
| (Address)      | E-mail      |
| (Address)      | Company Website (URL)      |

\* If the contact person named above is NOT the person whose signature is on the Declaration, then the full contact information for the person whose signature is on the Declaration must also be provided on a separate page.

\*\* If the company named above is: A) a parent entity filing on behalf of a subsidiary entity; B) a subsidiary entity filing on behalf of a parent entity; or C) an affiliate entity filing on behalf of an affiliate entity, the above contact information must be provided for any additional entities on a separate page.

**Manufacturer (if different from Certifying Company)**

|  |  |
| --- | --- |
| Contact Person Name      | Phone 1      |
| Manufacturing Company Name      | Phone 2      |
| Address      | Fax      |
| (Address)      | E-mail      |
| (Address)      | Company Website (URL)      |

**Declaration**

I declare under penalty of perjury under the laws of the State of California that:

1. All the information in this statement is true, complete, accurate, and in compliance with all applicable provisions of Section 100.0(h) of Title 24, Part 6 of the California Code of Regulations and Reference Residential Appendices RA3.
2. Each airflow rate measurement apparatus when used in accordance with the specifications given in the manufacturer’s product documentation will produce measurement results that are within the accuracy required by Reference Residential Appendix.
3. If an additional third-party component is required for a type of test, the manufacturer’s product documentation specifies the additional component needed to perform that test and any conditions that pertain to using their apparatus in this way.
4. [If the party submitting this statement is a corporation, partnership, or other business entity] I am authorized to make this declaration, and to file this statement, on behalf of the company named below.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Certifying Company Name      |  | Date |
| Name/Title (please print) |  | Signature |