Consistent with the requirements of Title 24, Part 6 Sections 150.1(c)7A, 150.2(b)1E, Table 150.1-A; JA6.1; and the Residential Alternative Calculation Method (RACM) Reference Manual 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 information in the table, signing the declaration below and submitting electronically to [CertifiedtoCEC@energy.ca.gov](mailto:CertifiedtoCEC@energy.ca.gov), or by completing the similar Declaration form found in Joint Appendix JA6.3.4, if applicable.

**Table 1: Manufacturer, Model Name, Model Number, and Certification Categories for all devices being certified**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer1** | **Model Name1** | **Model Number1** | **JA 6.12** | **RACM IAQ FID3** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Enter information for Fault Indicator Display (FID) (i.e., FID Manufacturer, Model Name and Number).
2. FID system possesses all functions and capabilities specified in JA6.1.
3. FID system possesses all functions and capabilities specified in RACM Reference Manual, Indoor Air Quality (IAQ) System Fault Indicator Display Requirements.

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

**Table 3: Certifying Company**

|  |  |
| --- | --- |
| Contact Person Name4 | Phone 1 |
| Certifying Company Name5 | Phone 2 |
| Address | Fax |
| (Address) | E-mail |
| (Address) | Company Website (URL) |

1. 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.
2. 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.

**Table 4: 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 Title 24, Part 6; JA6.1 of the Joint Appendices to Title 24, Part 6; and the RACM Reference Manual.
2. Each Fault Indicator Display system possesses all functions and capabilities specified in JA6.1 and/or RACM Reference Manual as indicated in Table 1 above.
3. [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 |