To qualify as a Drain Water Heat Recovery (DWHR) device for use for compliance with applicable performance compliance credits, the DWHR shall be certified to the Energy Commission according to the following requirements:

**RA3.6.9 HERS-Verified Drain Water Heat Recovery System (DWHR-H)**

(a) Vertical DWHR unit(s) shall be compliant with CSA B55.2, and tested and labeled in accordance

with CSA B55.1 or IAPMO IGC 346-2017. Sloped DWHR unit(s) shall be compliant with IAPMO

PS 92, and tested and labeled with IAPMO IGC 346-2017.

(b) The DWHR unit(s) shall have a minimum rated effectiveness of 42 percent.

Complete and submit electronically to [Danny.Tam@Energy.ca.gov](mailto:Danny.Tam@Energy.ca.gov) .

**List of Models offered for Certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manufacturer** | **Brand** | **Model No.** | **Vertical or Sloped** | **Tested Angle (Sloped only)** | **Rated Effectiveness**  **(%)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Name of the accredited laboratory(s), which performed the required CSA B55.1 or IAPMO IGC 346-2017 test methods for the devices, listed above.**

|  |  |
| --- | --- |
| **Laboratory Name,**  **complete mailing address and**  **contact with phone number** | **Required copy of accreditation is attached** |
|  |  |
|  |  |

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 and in any attachment(s) is true, complete, accurate, and in compliance with all applicable provisions in the Performance Standards as set forth in 2022 California Title 24, Part 6, Reference Residential Appendix Sections RA3.6.9.
2. Each Drain Water Heat Recovery Unit has been tested in accordance with all applicable requirements of Reference Residential Appendix Sections RA3.6.9
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 |