

DOCKETED

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CERTIFICATE OF INSTALLATION		CF2R-ENV-22-H
Quality Insulation Installation (QII) - Air Infiltration Sealing - Ceiling/Roof Deck		(Page 1 of 1)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

Quality Insulation Installation (QII) applies to the entire thermal envelope of the building. By signing below, you are certifying that all of the applicable requirements in Residential Appendices (RA) 3.5 have been met. A qualified Home Energy Rating System (HERS) rater will need to verify its conformance for meeting the requirements of Sections 150.0, 150.1(c), and 110.7(a) and (b).

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/HERS 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:		
<ol style="list-style-type: none"> The information provided on this Certificate of Installation is true and correct. 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. 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. I understand that a HERS 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. I will ensure 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 made available to the enforcement agency for all applicable inspections. 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. 		
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):	