DOCKETED		
Docket Number:	13-ATTCP-01	
Project Title:	Acceptance and Training Certification	
TN #:	214647	
Document Title:	Institutional Tuning PAF Acceptance Document - CEC-NRCA-LTI-05-A	
Description:	Only page 5 of 5	
Filer:	Jack Yapp	
Organization:	NLCAA	
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STATE OF CALIFORNIA

INSTITUTIONAL TUNING PAF ACCEPTANCE DOCUMENT

CEC-NRCA-LTI-05-A (Revised 06/14) CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE - NRCA-LTI-05-A				
Institutional Tuning PAF Acceptance Document				
Project Name:	Enforcement Agency:	Permit Number:		
Project Address:	City:	Zip Code:		

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT				
I certify that this Certificate of Acceptance documentation is accurate and complete.				
Documentation Author Name:	Documentation Author Signature:			
Documentation Author Company Name:	Date Signed:			
Address:	CEA/HERS/ATT Certification Identification (If applicable):			
City/State/Zip:	Phone:			
EIELD TECHNICIAN'S DECLAPATION STATEMENT				

FIELD TECHNICIAN'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 Acceptance is true and correct.
- 2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
- 3. The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- 4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.

Field Technician Name:	Field Technician Signature	
Field Technician Company Name:	Position with Company (Title): Acceptance Test Technician	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

- 1. I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance.
- 2. I am 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 Acceptance and attest to the declarations in this statement (responsible acceptance person).
- 3. The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- 4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building.
- 5. I will ensure that a completed, signed copy of this Certificate of Acceptance 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 signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title): Acceptance Test Employer	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: