*NOTE: When the Certificate of Compliance indicates a Central Fan Ventilation Cooling system is installed, the following items must be verified.*

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| --- | --- | --- |
| **A. Central Fan Ventilation Cooling System (VCS) Equipment Information** | | |
| 01 | Space Conditioning System Identification or Name |  |
| 02 | Space Conditioning System Location or Area Served |  |
| 03 | Indoor Unit Name or Description of Area Served |  |
| 04 | Central Fan VCS Equipment - Manufacturer Name |  |
| 05 | Central Fan VCS Equipment - Manufacturer Model # |  |
| 06 | Central Fan VCS Equipment - Fan Type Required |  |
| 07 | Central Fan VCS Equipment - Fan Type Installed |  |
| 08 | Central Fan VCS Equipment - Manufacturer Documentation Status |  |
| 09 | Duct Leakage Verification Status |  |
| 10 | Airflow Rate Verification Status |  |
| 11 | Fan Efficacy Verification Status |  |
| 12 | Compliance Statement: |  |



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| **B. Determination of HERS Verification Compliance**  All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance. | |
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| **Documentation Author's Declaration Statement** | | | |
| 1. I certify that this Certificate of Verification documentation is accurate and complete. | | | |
| Documentation Author Name: | Documentation Author Signature: | | |
| Company: | Date Signed: | | |
| Address: | CEA/HERS Certification Information (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:   1. The information provided on this Certificate of Verification is true and correct. 2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater). 3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency. 4. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency. 5. I will ensure that a registered copy of this Certificate of Verification 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 Verification is required to be included with the documentation the builder provides to the building owner at occupancy. | | | |
| **BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION** | | | |
| Company Name (Installing Subcontractor, General Contractor, or Builder/Owner): | | | |
| Responsible Builder or Installer Name: | | CSLB License: | |
| **HERS PROVIDER DATA REGISTRY INFORMATION** | | | |
| Sample Group Number (if applicable): | | | Dwelling Test Status in Sample Group (if applicable): |
| **HERS RATER INFORMATION** | | | |
| HERS Rater Company Name: | | | |
| Responsible Rater Name: | | | Responsible Rater Signature: |
| Responsible Rater Certification Number w/ this HERS Provider: | | | Date Signed: |

**CF2R-MCH-30-E User Instructions**

**Section A. Central Fan Ventilation Cooling System (VCS) Equipment Information**

1. Enter the Central Fan Ventilation Cooling System (VCS) Name or identification tag to help identify this system from other systems in the house. This field is automatically filled in as referenced from the MCH-01 description for this system.
2. Enter the Location or Area Served by the Central Fan VCS. This is a tag to distinguish this system from other systems in the house. This field is automatically filled in as referenced from the MCH-01 description for this system.
3. Indoor Unit Name:This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
4. Enter the Central Fan VCS Manufacturer Name.
5. Enter the Central Fan VCS Manufacturer Model Number.
6. The Central Fan VCS Fan Type Required is specified by the performance approach software. This field is filled in automatically as referenced from the CF1R.
7. Enter the Central Fan VCS Fan Type Installed. The choices are “Fixed Flow” or “Variable Flow”. Variable fans receive more compliance credit. The installed fan type should match the fan type specified on the CF1R.
8. Installer must verify/confirm that the Central Fan VCS Equipment is included in the Energy Commission listing of approved VCS devices and that the fan type, “Fixed” or “Variable”, matches what is shown on the list.
9. Compliance Credit for Central Fan VCS also requires that the system conforms to the maximum Duct Leakage verification requirements. This row automatically queries the project data to confirm that a MCH-20 has been registered indicating that the system passed the duct leakage criterion.
10. Compliance Credit for Central Fan VCS also requires that the system pass the Airflow Rate requirements. This row automatically queries the project data to confirm that the applicable MCH-23 Airflow Rate verification has been registered indicating that the system passed.
11. Compliance Credit for Central Fan VCS also requires that the system pass the Fan Efficacy requirements. This row automatically queries the project data to confirm that a MCH-22 Fan Efficacy verification has been registered indicating that the system passed.
12. Compliance Statement. The system must comply with all verification requirements in Section A in order to pass.

**Section B. Additional Requirements**

The System must comply with all of the additional requirements that are applicable in order to be in compliance with the Central Fan Ventilation Cooling System compliance credit requirements.

1. This field must be a true statement for the system to comply.
2. This field must be a true statement (or not applicable) for the system to comply.
3. This field must be a true statement for the system to comply.
4. This field must be a true statement (or not applicable) for the system to comply.
5. This field must be a true statement (or not applicable) for the system to comply.
6. This field must be a true statement for the system to comply.

*NOTE: When the Certificate of Compliance indicates a Central Fan Ventilation Cooling system is installed, the following items must be verified.*

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| **A. Central Fan Ventilation Cooling System (VCS) Equipment Information** | | |
| 01 | Space Conditioning System Identification or Name | <<auto filled text: referenced from CF2R-MCH-30>> |
| 02 | Space Conditioning System Location or Area Served | <<auto filled text: referenced from CF2R-MCH-30>> |
| 03 | Indoor Unit Name or Description of Area Served | <<auto filled text: referenced from CF2R-MCH-30>> |
| 04 | Central Fan VCS Equipment - Manufacturer Name | << user input: text>> |
| 05 | Central Fan VCS Equipment - Manufacturer Model # | << user input: text>> |
| 06 | Central Fan VCS Equipment - Fan Type Required | <<auto filled text: referenced from CF2R-MCH-30.  Allowable values are:  \*\*Fixed Flow  \*\*Variable Flow>> |
| 07 | Central Fan VCS Equipment - Fan Type Installed | << if A06 = fixed flow, user select from list. allowable values are:  \*\*Fixed Flow  \*\*Variable Flow;  Elseif A06 = variable flow, then value = variable flow>> |
| 08 | Central Fan VCS Equipment - Manufacturer Documentation Status | <<user select from list:  \*\*Manufacturer system documentation meets the applicable requirements in section B item 06 on this document.  \*\* Manufacturer system documentation does not meet the applicable requirements in section B item 06 on this document>> |
| 09 | Duct Leakage Verification Status | << calculated field:  If this air system has a registered CF3R-MCH-20 that complies with the maximum duct leakage rate criteria on the CF1R, then result=System Complies with Duct Leakage Verification Requirements;  else result=System Does not Comply. A registered CF3R-MCH-20 is required>> |
| 10 | Airflow Rate Verification Status | << calculated field: For this air system, if variant = CF3R-MCH-23e, then if E03 = ‘System ventilation airflow rate complies’, result = ‘System Complies with Airflow Verification Requirements’  ElseIf variant = CF3R-MCH-23f, then if F03 = ‘System ventilation airflow rate complies’, result = ‘System Complies with Airflow Verification Requirements’  ElseIf, result = ‘System Does Not Comply. A registered CF3R-MCH-23 is required’>> |
| 11 | Fan Efficacy Verification Status | << calculated field:  For this air system, if variant = CF3R-MCH-22c, then if D05 = ‘System fan efficacy complies’, result = ‘System complies with fan efficacy verification requirements’  ElseIf variant = CF3R-MCH-22d, then if E05 = ‘System fan efficacy complies’, result = ‘System complies with fan efficacy verification requirements’  ElseIf, result = ‘System Does Not Comply. A registered CF3R-MCH-22 is required’>> |
| 12 | Compliance Statement: | << calculated field: If A07=A06; and A08=Manufacturer system documentation meets the applicable requirements; and A09=System Complies; and A10=System Complies; and A11=System Complies; then display result = System Complies with Fan and Duct Verification Requirements; else display result=System does not Comply with Fan and Duct Verification Requirements>> |



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| **B. Determination of HERS Verification Compliance**  All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance. | |
| 01 | <<if A12 = “System Complies with Fan and Duct Verification Requirements”, then display “Complies: All specified verification protocol requirements on this document are met”; else display: “Does not comply: One or more specified verification protocol requirements on this document are not met”>> |

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| **Documentation Author's Declaration Statement** | | | |
| 1. I certify that this Certificate of Verification documentation is accurate and complete. | | | |
| Documentation Author Name: | Documentation Author Signature: | | |
| Company: | Date Signed: | | |
| Address: | CEA/HERS Certification Information (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:   1. The information provided on this Certificate of Verification is true and correct. 2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater). 3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency. 4. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency. 5. I will ensure that a registered copy of this Certificate of Verification 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 Verification is required to be included with the documentation the builder provides to the building owner at occupancy. | | | |
| **BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION** | | | |
| Company Name (Installing Subcontractor, General Contractor, or Builder/Owner): | | | |
| Responsible Builder or Installer Name: | | CSLB License: | |
| **HERS PROVIDER DATA REGISTRY INFORMATION** | | | |
| Sample Group Number (if applicable): | | | Dwelling Test Status in Sample Group (if applicable): |
| **HERS RATER INFORMATION** | | | |
| HERS Rater Company Name: | | | |
| Responsible Rater Name: | | | Responsible Rater Signature: |
| Responsible Rater Certification Number w/ this HERS Provider: | | | Date Signed: |