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| **Documentation Author's Declaration Statement** | | |
| 1. I certify that this Certificate of Verification documentation is accurate and complete. | | |
| Name: | Signature: | |
| Company: | Date: | |
| 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:The information provided on this Certificate of Verification is true and correct.  1. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater). 2. 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 Nonresidential Appendices NA1 and NA2, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency. 3. The information reported on applicable sections of the Certificate(s) of Installation (NRCI), signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (NRCC) approved by the enforcement agency. 4. 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 or General Contractor or Builder/Owner): | | |
| Responsible Builder/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's Name: | | Responsible Rater's Signature: |
| Responsible Rater's Certification Number w/ this HERS Provider | | Date Signed: |