INSTALLATION CERTIFICATE	C	F-6R-ENV-20-HERS				
Building Envelope Sealing	Building Envelope Sealing (Page 1 of					
Site Address:	Enforcement Agency:	Permit Number:				
BUILDING ENVELOPE SEALING		<u> </u>				
Two methods are available to the installer for demonstrating com 1) Rough Frame Inspection Checklist and Final Inspection Check utilizing a blower door diagnostic test instrument. Note: HERS be performed using the Building Envelope Leakage Test. In order measure, the dwelling must comply with the HERS verification re Checklist and Final Inspection Checklist does not insure that the verification procedure.	klist, or 2) Building Envelope verification of the actual env er to receive credit for the Bu equirements. Completion of t	e Leakage Diagnostic Test elope leakage is required to ilding Envelope Sealing the Rough Frame Inspection				
1a. Rough Frame Inspection Checklist						
Sole Plate ☐ Entire sole plate of the home is either Rope caulk, foam g	asket, or with caulking bead	sealed.				
Entire sole plate of the home is either Rope caulk, foam gasket, or with caulking bead sealed. Top Plate						
HERS Provider: Registration Number: _	n	viotnation Date:				

INSTALLATION CERTIFICATE		CF-6R-ENV-20-HERS	
Building Envelope Sealing		(Page 2 of 3)	
Site Address:	Enforcement Agency:	Permit Number:	
1b. Final Inspection Checklist All gaps and penetrations in the drywall must be caulked or gasket must be caulked or gasketed. Some examples are:	eted. All gaps and penetration	s in the exterior sheathing	
Ceiling Penetrations ☐ All HVAC register boots are sealed to the drywall with of All returns are sealed to the drywall ☐ All lighting fixtures are sealed to the drywall with a gask ☐ Any other penetrations to the drywall (for example fire seeiling outlet box etc.) are sealed with caulk or tape ☐ Attic access door is installed with weather stripping Wall Penetrations	tet, caulking or tape	rround sound speakers,	
☐ All electrical outlets and switches are installed and seale ☐ Any other penetrations to the drywall or exterior walls a General Inspections			
 ☐ Flooring is installed ☐ Weather stripping is installed on doors and windows ☐ Exhaust fan dampers for kitchen and bath fans installed 	and working		
HERS Provider: Registration Number:	Regi	stration Date:	

INSTALLATION CERTIFICATE CF-6R-ENV-20-HERS					HERS			
Building Envelope Sealing (Page 3 of 3)								
Site Ad	dress:		Enforcement Agency:	Permit Number:				
2 Rui	lding Envelone Leakage	Test						
2. Building Envelope Leakage Test Diagnostic Testing Results								
$CFM50_H = the measured airflow in cubic feet per minute (cfm) at 50 pascals for the dwelling with air distribution registers unsealed. SLA = 3.819 \ x \ (CFM50_H / Conditioned Floor Area in \ ft^2) per Residential ACM Manual Equation R3-16$								
	Building Envelope Leakage <i>CFM50_H</i> as measured using a blower door diagnostic device			✓	✓			
1.	1. Enter the blower door leakage target $CFM50_H$ value for compliance from the CF-1R (cfm).							
2.	2. Enter the blower door leakage minimum $CFM50_H$ value corresponding to 1.5 SLA from the CF-1R (cfm).							
3.	3. Enter the measured $CFM50_H$ value from the blower door test (cfm)							
4.	The leakage test passes if the measured envelope leakage <i>CFM50_H</i> value from row is 3 less than or equal to the value required for compliance from row 1, otherwise the test fails. check/enter Pass or Fail			Pass	☐ Fail			
5.	If measured CEM50, from row 3 is less than the minimum CEM50, value corresponding to			<pre>1.5 SLA*</pre>	□ ≥1.5 SLA			
Section 6.4. Additional information about compliance with this requirement is given in Section 4.6.5 of the Residential Compliance Manual under the topic of Combustion and Solid-Fuel Burning Appliances. DECLARATION STATEMENT I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized								
 representative of the person responsible for construction (responsible person). I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency. 								
 I understand that a HERS rater will check the installation to verify compliance, and that that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense. I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met. 								
• I will ensure that a completed, signed copy of this Installation Certificate 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 Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy. I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.								
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)								
Responsible Person's Name:		Responsible Person's Signature:						
CSLB L	icense:	Date Signed:	Position With Company (Title):					

_____Registration Number: ______Registration Date: _____

HERS Provider: __