

System passes if actual superheat is within the allowable superheat range. Enter Pass or Fail	<input checked="" type="radio"/> Pass <input type="radio"/> Fail
Standard Charge Measurement Summary: System shall pass both refrigerant charge criteria, metering device criteria (if applicable), and minimum cooling coil airflow criteria based on measurements taken concurrently during system operation. If corrective actions were taken, all applicable verification criteria must be re-measured and/or recalculated.	
System Name or Identification/Tag	1
System meets all refrigerant charge and airflow requirements. Enter Pass or Fail	<input checked="" type="radio"/> Pass <input type="radio"/> Fail

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 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.

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I 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.

Final Result: Pass Fail

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	Responsible Person's Signature:	
	Rater Company	
CSLB License:	Date Signed:	Position With Company (Title):
	7/29/2011 4:53:40 PM	
Is this installation monitored by a Third Party Quality Control Program (TPQCP)?		Name of TPQCP (if applicable):
<input checked="" type="radio"/> Yes <input type="radio"/> No		

HERS Provider:	Registration Number:	Registration Date:
2008 Residential Compliance Forms		August 2009
<input type="button" value="Save Form"/>		<input type="button" value="Certify Form"/>