

Completed/Signed Insulation Certificate - Client, Client file, Posted where insulation installed, and on the electrical panel.

Client file     Client     Attic area     Floor area     Electrical panel

### Insulation Certificate

Customer Name _____		Agency/Installation Company Name _____	
Customer Address _____		Agency/Company Phone Number(s) _____	
<b>DESCRIPTION OF WEATHERIZATION ASSISTANCE PROGRAM INSTALLED INSULATION:</b>			
<b>CEILING</b>	Sq. Ft. _____	Number of rolls: _____	Previously Installed R-Value _____
	Batt or Blanket Type _____		Added R-Value: _____
	Loose Fill Type _____	Number of bags: _____	Brand Name _____
	Previously Installed Thickness (inches) _____		Total R-Value _____
	Minimum Settled Thickness (inches) _____		
	(loose fill insulation only)		
	Manufacturer's minimum installed weight per ft <sup>2</sup> to achieve above recorded R-Value _____		lbs./ft <sup>2</sup>
	Contractor's minimum installed weight/ft <sup>2</sup> _____		lbs./ft <sup>2</sup>
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<b>EXTERIOR WALL</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		Brand Name _____
	Thickness (inches) _____		Thermal Resistance (R-Value) _____
	(If dense packed loose fill) _____	Number of bags: _____	
	lbs./ft <sup>2</sup>		
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<b>KNEEWALL</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		Brand Name _____
	Thickness (inches) _____		Thermal Resistance (R-Value) _____
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<b>FLOOR</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		Brand Name _____
	Thickness (inches) _____		Thermal Resistance (R-Value) _____
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	mobile home (belly) - loose fill		
	Sq. Ft. _____	Number of bags: _____	
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<b>GROUND SOURCE VAPOR BARRIER INSTALLED? (circle one) YES NO</b>			
<b>DESCRIPTION OF COVERAGE AREA:</b> _____			
<b>DECLARATION:</b> I hereby certify that the noted insulation was installed at the residence above in conformance with FTC Regulation 16 CFR 460.17.			
Contractor or Agency Representative _____		License Number _____	
Signature and Title _____		Date _____	
Subcontractor (Insulation Installer) _____		License Number _____	
Signature and Title _____		Date _____	