

Client file     Client     Attic area     Floor area     Electrical panel

## Insulation Certificate

Customer Name _____	Agency/Installation Company Name _____
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Customer Address _____	Agency/Company Phone Number(s) _____
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**DESCRIPTION OF WEATHERIZATION ASSISTANCE PROGRAM INSTALLED INSULATION:**

<b>CEILING</b>	Sq. Ft. _____	Number of rolls: _____	
	Batt or Blanket Type _____	Number of bags: _____	
	Loose Fill Type _____		Brand Name _____
	Installed Thickness (inches) _____		Thermal Resistance (R-Value) _____
	Minimum Settled Thickness (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>

<b>EXTERIOR WALL</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		
	Thickness (inches) _____		Brand Name _____
			Thermal Resistance (R-Value) _____
	(If dense packed loose fill) _____	lbs./ft <sup>2</sup>	Number of bags: _____

<b>KNEEWALL</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		Brand Name _____
	Thickness (inches) _____		Thermal Resistance (R-Value) _____

<b>FLOOR</b>	Sq. Ft. _____	Number of rolls: _____	
	Material _____		Brand Name _____
	Thickness (inches) _____		Thermal Resistance (R-Value) _____

mobile home (belly) - loose fill	Sq. Ft. _____	Number of bags: _____	
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**GROUND SOURCE VAPOR BARRIER INSTALLED?** (circle one)    YES    NO

**DESCRIPTION OF COVERAGE AREA:** \_\_\_\_\_

**DECLARATION:** 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 _____
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Signature and Title _____	Date _____
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Subcontractor (Insulation Installer) _____	License Number _____
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Signature and Title _____	Date _____
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