



Residential Air Sealing Installation Certificate

Complete form and sign/date. All information is required to process rebate(s).
Certificate must accompany the Residential Weatherization Rebate Application.

CUSTOMER INFORMATION				
Customer Name				
Installation Address				
City		State		Zip

CONTRACTOR INFORMATION				
Company Name		Technician Name		
Address				
City		State		Zip

EQUIPMENT INFORMATION	
Blower Door Manufacturer	Model Number

HOME INFORMATION						
House Type	Square Feet	Ceiling Height	Building Volume	Number of Levels	Combustion Appliance(s) Present	UL-Listed CO Detector Installed
<input type="checkbox"/> Site Built					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Manufactured Home						

AIR SEALING TEST INFORMATION					
Blower door test data must be entered before and after air sealing to show a 30% or greater reduction in air leakage.					
	House Pressure (Pa)	Fan Configuration (rings or other restrictors)	Fan Pressure	Can't Reach 50 Factor (if applicable)	House Leakage Rate (CFM ₅₀)
PRE-TEST					
POST-TEST					
Leakage reduction (Pre-test – Post-test)					CFM₅₀
% Reduction (Leakage Reduction / Pre-test x 100) <i>CFM Reduction must be 30% or Greater to qualify for Rebate.</i>					%
List in detail which air sealing measures were installed (i.e. sealed bypasses, plumbing/electrical penetrations in wall, attic, floor, etc.):					

Testing and Sealing must meet the following minimum requirements:

- Equipment and gauges must be maintained and calibrated according to manufacturers' recommendations. Technician may be required to show evidence of required maintenance or calibration procedures.
- House leakage must be tested and reported in CFM, at a house pressure of 50 Pa with respect to outdoors. If house cannot be pressurized to 50 Pa, a lower pressure may be used and multiplied by a "can't reach 50" factor supplied by the equipment manufacturer. The "can't reach 50" multiplier must be shown on this form.
- Test procedures must be conducted by a certified PATS Technician, HERS Rater or BPI Technician, or as approved by the utility.
- Testing and sealing must be performed in accordance with PATS, HERS, or BPI standards. Mechanical ventilation may be required.

I certify that the test data is accurate and that measurements were done in compliance with standards applicable to the certification below.

Certification Number: _____

Type: PATS HERS BPI

CONTRACTOR SIGNATURE _____ **DATE** _____