DUCT LOCATION

CERTIFICATE OF INSTALLATION		CF3R-MCH-21-H
Duct Location		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

A. General Information		
Note: Submit one Installation Certificate for each duct system that is taking credit for duct location.		
01	SC System Identification or Name	
02	SC System Location or Area Served	
03	Status - Less than 12 ft Ducts in Conditioned Space Performance Credit:	
04	Status - Ducts Located In Conditioned Space Performance Credit:	
05	Status – All Ducts Entirely in Directly Conditioned Space R-value Exception	

B. 12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space - RA3.1.4.1.2		
01	A visual inspection shall confirm space conditioning systems with air handlers located outside the conditioned space have 12 linear feet or less of duct located outside the conditioned space including air handler and plenum.	
02	Verification Status:	
03	Correction Notes:	
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.		

C. Ducts Located In Conditioned Space - RA3.1.4.1.3		
01	A visual inspection shall confirm the space conditioning system is located entirely in conditioned space.	
02	Verification Status:	
03	Correction Notes:	
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.		

D. All Ducts Located Entirely in Directly Conditioned Space R-Value Exception - RA3.1.4.3.8		
01	A visual inspection shall confirm the space conditioning distribution system location:	
02	Actual system duct leakage rate (cfm) measured using RA3.1.4.3.4 Duct Leakage to Outside from Fan Pressurization of Ducts	
03	Compliance Statement:	

E. Determination of HERS Verification Compliance	
All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.	
01	

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CERTIFICATE OF INSTALLATION		CF3R-MCH-21-H
Duct Location		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Verification documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Company:	Date Signed:
Address:	CEA/HERS Certification Information (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Verification is true and correct.
2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency.
4. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency.
5. I will ensure that a registered copy of this Certificate of Verification 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 registered copy of this Certificate of Verification is required to be included with the documentation the builder provides to the building owner at occupancy.

BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION

Company Name (Installing Subcontractor, General Contractor, or Builder/Owner):	
Responsible Builder or Installer Name:	CSLB License:

HERS PROVIDER DATA REGISTRY INFORMATION

Sample Group Number (if applicable):	Dwelling Test Status in Sample Group (if applicable)

HERS RATER INFORMATION

HERS Rater Company Name:	
Responsible Rater Name:	Responsible Rater Signature:
Responsible Rater Certification Number w/ this HERS Provider	Date Signed:

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CF3R-MCH-21-H User Instructions

Section A. General Information

1 *HVAC System Identification or Name*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
2 *HVAC System Location or Area Served*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
3 *Status – Less than 12 ft Ducts in Conditioned Space Performance Credit:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.
4 *Status – Ducts Located in Conditioned Space Performance Credit:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.
5 *Status – All Ducts Located Entirely in Directly Conditioned Space R-Value Exception:* This field is automatically filled based on the information given on the CF1R. If "True" appears here, it means that this credit was taken in the performance calculations, is required for compliance and must be field verified.

Section B. 12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space

1 This field is informational and pertains to the following fields.
2 *Verification Status:* If this Section does not apply, then select "All n/a". If the system meets the criteria for *12 Linear Feet or Less of Supply Duct Located Outside of Conditioned Space* credit then select "Pass", otherwise select "Fail". The latter selection means that the system does not meet the requirements and the CF1R will have to be revised, or the system will need to be modified to meet the requirements.
3 This field is automatically filled.

Section C. Ducts Located in Conditioned Space

1 This field is informational and pertains to the following fields.
2 *Verification Status:* If this Section does not apply, then select "All n/a". If the system meets the criteria for *Ducts Located in Conditioned Space* credit then select "Pass", otherwise select "Fail". The latter selection means that the system does not meet the requirements and the CF1R will have to be revised, or the system will need to be modified to meet the requirements.
3 This field is automatically filled.

Section D. All Ducts Located Entirely in Directly Conditioned Space R-Value Exception

1 A Visual Inspection Shall Confirm the Distribution System is in Conditioned Space: Select from the list one of the following "entirely in conditioned space" or "Not entirely in conditioned space".
2 Actual System Duct Leakage Rate (cfm) Measured using RA3.1.4.3.4 Duct Leakage to Outside from Fan Pressurization of Ducts: Enter the measured duct leakage rate (cfm) using the procedures found in RA3.1.4.3.4.
3 Compliance Statement: This field is automatically filled.

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