

Insulation Certificate

Customer Name _____		Agency/Installation Company Name _____	
Customer Address _____		Agency/Company Phone Number(s) _____	
DESCRIPTION OF WEATHERIZATION ASSISTANCE PROGRAM INSTALLED INSULATION:			
CEILING	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 ² to achieve above recorded R-Value _____ lbs./ft ²	
		Contractor's minimum installed weight/ft ² _____ lbs./ft ²	
EXTERIOR WALL	Sq. Ft. _____	Number of rolls: _____	
	Material _____	Brand Name _____	
	Thickness (inches) _____	Thermal Resistance (R-Value) _____	
	(If dense packed loose fill) _____ lbs./ft ²	Number of bags: _____	
KNEEWALL	Sq. Ft. _____	Number of rolls: _____	
	Material _____	Brand Name _____	
	Thickness (inches) _____	Thermal Resistance (R-Value) _____	
FLOOR	Sq. Ft. _____	Number of rolls: _____	
	Material _____	Brand Name _____	
	Thickness (inches) _____	Thermal Resistance (R-Value) _____	
mobile home (belly) - loose fill			
	Sq. Ft. _____	Number of bags: _____	
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 _____	
Signature and Title _____		Date _____	
Subcontractor (Insulation Installer) _____		License Number _____	
Signature and Title _____		Date _____	