



Client file Client Attic area Floor area Electrical panel

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. _____ Batt or Blanket Type _____ Loose Fill Type _____ Previously Installed Thickness (inches) _____ Minimum Settled Thickness (inches) _____ (loose fill insulation only)	Number of rolls: _____ Number of bags: _____	Previously Installed R-Value _____ Added R-Value: _____ Brand Name _____ Total R-Value _____ 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. _____ Material _____ Thickness (inches) _____ (If dense packed loose fill) _____ lbs./ft ²	Number of rolls: _____ Number of bags: _____	Brand Name _____ Thermal Resistance (R-Value) _____
KNEEWALL	Sq. Ft. _____ Material _____ Thickness (inches) _____	Number of rolls: _____	Brand Name _____ Thermal Resistance (R-Value) _____
FLOOR	Sq. Ft. _____ Material _____ Thickness (inches) _____	Number of rolls: _____	Brand Name _____ 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	