

CERTIFICATE OF INSULATION

CONTRACTOR INFORMATION

Date insulation was installed:

Name:
 Email:
 Phone:
 Address:

DWELLING INFORMATION

AREA INSULATED/AREA IDENTIFIED (Insert "Area Specific" info in space provided)	Type of Insulation & Method of Installation (Standard or Dense Pack)	Square Footage	Initial R-Value	Installed R-Value	Installed Thickness	Final R-Value	# of Bags
Attic – Area 1							
Attic – Area 2							
Attic – Rigid (EPDM, TPO, Other)							
Floor – Area 1							
Floor – Area 2							
Floor – Area 3							
Wall – Area 1							
Wall – Area 2							
Wall – Area 3							
Other							

I, _____, certify that this residence was insulated in conformance with all applicable codes, standards and regulations, and specifications of the low-income Weatherization Assistance Program, as administered by the State of Oregon

 AUTHORIZED SIGNATURE

 DATE