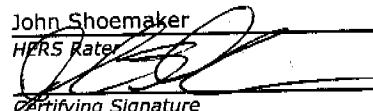


CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)

CF-4R

752 Melanie Way <i>Project Address</i>		Perfection Home Systems, Inc. / 464658 <i>Contractor Name / License No.</i>	
		0604214 <i>Permit Number</i>	
<i>Contractor Contact</i>		<i>Telephone</i>	
John Shoemaker	916-565-0658	21420	
<i>HERS Rater</i>		<i>Telephone</i>	
		Sample Group Number	
May 10, 2006 <i>Date</i>		CC14-1798361996 <i>Certificate Number</i>	
Firm: Perfection Home Systems Inc.		HERS Provider: CalCERTS	
Street Address: 2430 Grand Ave		City/State/Zip: Sacramento / CA / 95838	

Copies to: **Homeowner, HERS Provider and Building Department**

This CF-4R has been registered with the CalCERTS® registry in accordance with the **Title 24 & Title 20** of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested.

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).


HIGH EER AIR CONDITIONER: Main System

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	EER values of installed systems match the CF-1R
2	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	For split systems, indoor coil is matched to outdoor coil
3	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Time Delay Relay Verified (If Required)
Main System HVAC System: Yes to 1 and 2; and 3 (If Required) is a pass <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3-4 of 8)

CF-4R

752 Melanie Way <i>Project Address</i>		Perfection Home Systems, Inc. / 464658 <i>Contractor Name / License No.</i>	
		0604214 <i>Permit Number</i>	
Contractor Contact John Shoemaker		Telephone 916-565-0658	Permit Number 21420
HERS Rater 		Telephone May 10, 2006	Sample Group Number CC14-1798361996
<i>Certifying Signature</i>		<i>Date</i>	<i>Certificate Number</i>
Firm:	Perfection Home Systems Inc.	HERS Provider:	CalCERTS
Street Address:	2430 Grand Ave	City/State/Zip:	Sacramento / CA / 95838

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the **Title 24 & Title 20** of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.
 The Installer has provided a copy of the CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV): Main System

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

Main System HVAC System TXV	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

752 Melanie Way <i>Project Address</i>	Perfection Home Systems, Inc. / 464658 <i>Contractor Name / License No.</i>
Contractor Contact John Shoemaker	0604214 <i>Permit Number</i>
HERS Rater <i>[Signature]</i>	21420 <i>Sample Group Number</i>
916-565-0658 <i>Telephone</i>	May 10, 2006 <i>Date</i>
<i>Certifying Signature</i>	CC14-1798361996 <i>Certificate Number</i>
Firm: Perfection Home Systems Inc.	HERS Provider: CalCERTS
Street Address: 2430 Grand Ave	City/State/Zip: Sacramento / CA / 95838

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT: Main System

NEW CONSTRUCTION			
		Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa) Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input checked="" type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	Not Tested	
3	Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 1} / \text{Line 2})]$:	N/A	N/A
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.	Not Tested	
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	Not Tested	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)	Not Tested	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)	Not Tested	
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 5} / \text{Line 2})]$:	Not Tested	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out, use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage $\leq 15\% [100 \times (\text{Line 5} / \text{Line 2})]$:	Not Tested	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\% [100 \times (\text{Line 7} / \text{Line 2})]$:	Not Tested	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\% [100 \times (\text{Line 6} / \text{Line 4})]$ and Verification by Smoke Test and Visual Inspection	Not Tested	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines #9 through #12 pass			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail