



CERTIFICATE OF COMPLETION

INSTALLATION OF INSULATION

The undersigned certifies that insulation has been installed at the stated location to the specifications noted below:

Date of Installation Completion: _____
Place of Installation (Owner's name's) _____
Address: _____
City: _____ State: _____ Zip: _____

Description of Installation

Cathedral Ceilings/Attic Areas:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____
Comments: _____

Basement:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Loose Blown Ceiling:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____
Comments: _____

Garage Area:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Exterior Walls:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Other Areas (specify):

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Interior Walls:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Crawlspace:

Type of Material: _____
Manufacturer: _____
Thickness: _____
R-Value: _____

Note: The use of polyurethane foam in interior applications on walls and ceilings presents an unreasonable fire risk unless protected by an approved "Thermal Barrier" such as 1/2 inch gypsum wall board.

Insulation Contractor
Company Name: _____
Street Address: _____
City: _____
State: _____ Zip: _____
Company Representative
Print Name: _____
Signature: _____
Date: _____