Clark Public Utilities

WX-CERT Rev. 10/2025

WEATHERIZATION PROGRAM

CERTIFICATION OF COMPLIANCE

SITE AND PROJECT INFORMATION

STREET ADDRESS		YEAR STRUCTURE BUILT	INSTALLATION COMPANY NAME
CITY	STATE / ZIP: WA	STRUCTURE TYPE: SF ☐ MH ☐ MULTI ☐	PROJECT INSTALL DATE(S)

INSTALLED MEASURE AND PRE-WEATHERIZATION INFORMATION

INSULATION INSTALLED	SQUARE FEET	PRE-WX R-VALUE	POST-WX R-VALUE	INSULATION TYPE	MANUFACTURER / BRAND	INSTALLATION CHECKLIST
ATTIC INSULATION						ATTIC INSULATION CHECKLIST IS COMPLETED & ATTACHED ☐
WALL INSULATION						WALL INSULATION CHECKLIST IS COMPLETED & ATTACHED ☐
FLOOR INSULATION						FLOOR INSULATION CHECKLIST IS COMPLETED & ATTACHED ☐
DUCT INSULATION (report in linear feet)						

EXISTING WINDOWS	WINDOW REPLACED	WINDOW TYPE	SIZE (INCHES)	SQUARE FEET (Double Pane)	SQUARE FEET (Triple Pane)	FRAME TYPE	PRIME GLASS	MEETS EGRESS	INSTALLATION CHECKLIST
	1		____x____						
WINDOW TYPE KEY	2		____x____						
XO: HORIZONTAL SLIDER	3		____x____						
XOX: FIXED W/ SIDE SLIDER	4		____x____						
FX: FIXED **CS:** CASEMENT	5		____x____						
DH: DOUBLE HUNG	6		____x____						APPLICABLE WINDOW CHECKLIST IS COMPLETED & ATTACHED ☐
SH: SINGLE HUNG	7		____x____						
SGD: SLIDING GLASS DOOR	8		____x____						
	9		____x____						
FRAME TYPE KEY	10		____x____						
W: WOOD **M:** METAL	11		____x____						
V: VINYL	12		____x____						
PRIME GLASS KEY	13		____x____						
S: SINGLE **D:** DOUBLE	14		____x____						
	15		____x____						
	16		____x____						
	TOTAL SQUARE FEET:								

AIR SEALING	AREA	SQUARE FEET	PRE-TEST LEAKAGE	POST-TEST LEAKAGE	PRE-TEST ACH@50pa	POST-TEST ACH@50pa	VOLUME (FT^3)
PERFORMANCE BASED	WHOLE HOUSE		CFM@50pa	CFM@50pa			
	WHOLE BUILDING VENTILATION REQUIREMENT: ____ CFM		LOCAL VENTILATION DEFICIT: ____ CFM		NATURAL VENTILATION: ____ CFM		
	☐ PERFORMANCE BASED WHOLE HOUSE AIR SEALING CHECKLIST IS COMPLETED & ATTACHED						
PRESCRIPTIVE BASED	ATTIC		☐ PRESCRIPTIVE ATTIC AIR SEALING CHECKLIST IS COMPLETED & ATTACHED				
	CRAWLSPACE		☐ PRESCRIPTIVE CRAWLSPACE AIR SEALING CHECKLIST IS COMPLETED & ATTACHED				

STATEMENT OF COMPLIANCE

By signing below, this document serves as certification that the installation and workmanship of the measure(s) indicated above that were performed at the specified site address is(are) in compliance with all Clark Public Utilities' Weatherization program requirements, all applicable International Building Codes, and all applicable SBCC Building Codes.

INSTALLATION COMPANY REP ***SIGNATURE***	INSTALLATION COMPANY REP ***PRINTED NAME***	DATE