



RESIDENTIAL DUCT INSTALLATION CERTIFICATE

THIS FORM IS NOT REQUIRED IF THE AIR HANDLER AND ALL DUCTWORK ARE LOCATED IN THE CONDITIONED SPACE

OWNER _____ ADDRESS _____

PERMIT # _____ CONTRACTOR _____

NEW DWELLING DUCT SYSTEM ADDITION TO DWELLING DUCT SYSTEM

COMPLIANCE METHOD

NOTE: DUCTWORK TESTED AT 0.2 INCHES w.g. (50 Pascal)

- TESTED AT ROUGH ACROSS THE ENTIRE SYSTEM PRIOR TO AIR HANDLER INSTALLED WITH LEAKAGE LESS THAN **4 cfm/100 sq ft** OF CONDITIONED FLOOR AREA
- TESTED AT ROUGH ACROSS THE ENTIRE SYSTEM INCLUDING THE MANUFACTURES AIR HANDLING ENCLOSER WITH LEAKAGE LESS THAN **6 cfm/100 sq ft** OF CONDITIONED FLOOR AREA
- TESTED AT FINAL ACROSS THE ENTIRE SYSTEM INCLUDING THE MANUFACTURERS AIR HANDLING ENCLOSER WITH LEAKAGE LESS THAN **12 cfm/100 sq ft** OF CONDITIONED FLOOR AREA

I certify that the installed ductwork conforms to the requirements of all applicable New Mexico Codes and the installation is consistent with the plans and specification submitted.

APPROVED VERIFIER _____

TITLE/COMPANY _____

DATE _____