WEST VIRGINIA WEATHERIZATION CERTIFICATE OF INSULATION

DWELLING INFORMATION				AGENCY/CONTRACTOR INFORMATION						
ADDRESS OF RESIDENCE: DATE INSULATION WAS INSTALLED:			Job #	NAME: ADDRESS:						
Area Insulated/Area Indentifier Include "Area-Specific" into the space provided	Square Footage	Existing R-Value	Added R-Value	Final R-Value	Type of Insullation & Method of Installation (Standard or Dense Pack)				Depth	# of Bags/Batts
Attic - Area 1										
Attic - Area 2										
Attic - Area 3										
Attic - Area 4										
Floor - Area 1										
Floor - Area 2										
Floor - Area 3										
Wall - Area 1										
Wall - Area 2										
Wall - Area 3										
Wall - Area 4										
Wall - Area 5										
Wall - Area 6										

I, _____ (print name), certifty this residence was insulated in conformance with all applicable codes, standards, regulations, and specifications of the Low-Income Weatherization Assistance Program, as administered by the State of West Virginia.

_____ _____

AUTHORIZED SIGNATURE **DATE**

Rev. GOEO - Sept 2011