

## PTCS<sup>®</sup> Duct Sealing Certification Form

All sections must be filled out by a PTCS-certified Technician at the time of installation, signed and dated. A copy of the completed form must be promptly submitted to the utility and homeowner in accordance with utility policy. Please enter online at [www.ptcsnw.com](http://www.ptcsnw.com) or fax to 877-848-4074. Questions? Call 800-941-3867 or email ResHVAC@bpa.gov.

### Site Information *(Please print clearly)*

PTCS Tech #	Tech Name	Install Date	Customer's Electric Utility
Customer Name		Installation Site Address*	
Site City*	Site State*	Site Zip Code*	Customer Phone # ( ) -
*If mailing address is different, record here (#, City, St, Zip):			
<b>Home Type</b> <i>(provide information for just one type, either a Site Built or Manufactured Home):</i>			
<b>Site Built Home:</b> <input type="checkbox"/> Existing <input type="checkbox"/> New Construction <b>Site Built Home Foundation Type:</b> <input type="checkbox"/> Crawl Space <input type="checkbox"/> Full Basement <input type="checkbox"/> Half Basement <input type="checkbox"/> Slab		<b>Manufactured Home:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b># of Sections for a Manufactured Home:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>Super Good Cents?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Year Built:</b> Energy Star? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Heating System:</b> <input type="checkbox"/> Elec. Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Other: _____ <small>Gas Company (if applicable):</small>	<b>Heated Area (sq ft) Required</b>	
Are at least 50% of the ducts in unconditioned space? <input type="checkbox"/> Y <input type="checkbox"/> N			# of supply registers
If more than 50% of the ducts are in conditioned space, the home does not qualify for PTCS Duct sealing.			# of returns

### House Pressurization and Duct Blaster Tests

<b>Do either of these special conditions apply?</b> (check if "yes") <input type="checkbox"/> Record Only – no duct sealing work done <input type="checkbox"/> PTCS Certification ONLY – pretest leakage too low for BPA program		<b>Testing Equipment Used:</b> <input type="checkbox"/> Energy Conservatory <input type="checkbox"/> RetroTec <input type="checkbox"/> AeroSeal <input type="checkbox"/> Air Care <input type="checkbox"/> Other: _____		
<b>House Pressurized (Blower Door) to:</b> <input type="checkbox"/> +50Pa <input type="checkbox"/> Other _____ Pa	<b>Duct Blaster Location:</b> <input type="checkbox"/> Return Grille <input type="checkbox"/> Other: _____	<b>Pressure Tap Supply Register Location:</b>		
<b>Duct Leakage Test:</b> TYPICAL DUCT BLASTER CFM READING with Duct Pressure at 0Pa and Blower Door @ +50Pa. <b>DB Fan Pressure:</b> Found using equipment; it is the fan pressure, not the house pressure. (Ex. Ring 1, 78 Pa, 364 CFM). <i>Definitions: (DB)= Duct Blaster (BD)=Blower Door (AH)=Air Handler (SW)=Single Wide (DW)=Double Wide (TW)=Triple Wide</i>				
	<b>New Construction</b>	<b>Existing Home, New Ducts</b>	<b>Existing Home, Existing Ducts</b>	<b>Manufactured Home</b>
<b>Pre-Test</b>	<b>Pre-test Ring (select one)</b> <i>Not Applicable</i>	<i>Not Applicable</i>	<input type="checkbox"/> Open <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Open <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
	<b>DB Fan Pressure</b>	<i>Not Applicable</i>	<i>Not Applicable</i>	Pa
	<b>DB CFM</b>	<i>Not Applicable</i>	<i>Not Applicable</i>	CFM
	<b>Pretest Requirements (BPA Only)</b>	<i>Not Applicable</i>	<i>Not Applicable</i>	<input type="checkbox"/> ≥ 250 CFM (>1667 sq ft) <input type="checkbox"/> ≥ 15% of home's sq ft
<b>Post-Test</b>	<b>Post-test Ring (select one)</b>	<input type="checkbox"/> Open <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Open <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Open <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
	<b>DB Fan Pressure</b>	Pa	Pa	Pa
	<b>DB CFM</b>	CFM	CFM	CFM
	<b>Certification Req. (check all that apply)</b>	<input type="checkbox"/> ≤ 6% of sq ft w/ AH <input type="checkbox"/> ≤ 4% of sq ft no AH	<input type="checkbox"/> ≤ 10% of home's sq ft	<input type="checkbox"/> ≤ 10% of home's sq ft <input type="checkbox"/> ≥ 50% Reduction

The duct sealing at this site meets program requirements including: plenum, main ducts, takeoffs and boots sealed; a good faith effort was made to remove existing duct tape and cover with mastic; metal duct connections are secured with screws.  Y  N

## Combustion Appliance Zone (CAZ) Test

<b>Are there any combustion appliances in the home?</b> <input type="checkbox"/> Y <input type="checkbox"/> N		Combustion Appliance Type: <input type="checkbox"/> Fireplace or wood stove <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Gas water heater <input type="checkbox"/> Other:			
<b>Is there a UL-approved and functioning CO detector installed in the home?</b> <input type="checkbox"/> Y <input type="checkbox"/> N		A carbon monoxide (CO) detector installed in the home is <b>required</b> in all cases where a sealed or non-sealed combustion appliance is located in a conditioned space or attached structure i.e. garage. RECOMMENDED CO detector specifications: UL 2034/CSA 6.19-01, digital display, peak CO memory and recall.			
<b>Is a Combustion Air Zone (CAZ) test required by the electric utility?</b> <input type="checkbox"/> Yes, complete the fields below <input type="checkbox"/> No, skip to notes					
Baseline Pressure with reference to outside (all exhaust devices and air handler fan off): Pa		Weather conditions on day of test: <input type="checkbox"/> Calm <input type="checkbox"/> Windy			
With air handler fan ON, record gauge readings:		Interior doors open		Interior doors closed	
Zone Description		Reading (Pa)	Net (Pa)	Reading (Pa)	Net (Pa)
Zone 1					
Zone 2					
Net Depressurization = Net (Pa) = All fans off Reading (Pa) (minus) Air Handler Fan on Reading (Pa) Example: Baseline reading with all fans off = 1 Pa; Reading with air handler fan on = -2Pa. Net Depressurization = 1 - (-2) = 3 Net Depressurization "Net" equals how much the pressure goes down when the air handler is turned ON (compared to the fan off baseline pressure)					
<b>Installation/Technician Notes:</b>          					

**Required Signatures:** To be filled out by the electrical utility account holder. This form must be signed by the person whose name appears on the electric utility account. ENERGY INFORMATION RELEASE: The undersigned utility customer requests and authorizes the specified utility to release billing and usage information for the account listed below to the PTCS program. With this authorization, the PTCS program can request billing information for up to two years pre-installation and two years post-installation. The utility customer also hereby releases the utility company from any and all liability arising from or connected with providing this information.

<b>Electric Utility:</b>		<b>Account #:</b>		
<b>Account holder name:</b>				
<b>Account holder signature:</b>				<b>Date:</b>
By signing below, technician certifies that this form and any accompanying documentation are complete and accurate, and that all measures associated with this project were completed as of the signature date below.				
<b>Technician name:</b>		<b>Installation Company:</b>		<b>Tech Phone #:</b> (       )       -
<b>Technician Signature:</b>				<b>Date:</b>

### PRIVACY ACT STATEMENT

Basic authority for collecting this information is authorized by 16 U.S.C. §§ 832 et. seq., and 838 et. seq., pursuant to Bonneville Power Administration's Conservation Program system of records established in 46 FR 31700.

This information is primarily intended to further, but is incidental to the performance of, BPA's overall Energy Efficiency Program, the objective of which is to acquire energy resources through energy efficiency, to determine what cost-effective conservation and direct application renewable resources measures should be installed or adopted under different circumstances, and to provide incentives for the installation of such measures.

Other routine issues of this information include: aggregation into a public database on energy efficiency; furnished to authorized personnel for installation/repair of equipment; aggregated into a database for program publicity; and in some instances information regarding buildings will be made available to subsequent purchasers of the buildings. Your disclosure of the requested information is voluntary, however failure to provide requested information means that it will not be possible for you to participate in this BPA Energy Efficiency program.