



## CERTIFICATE OF INSULATION

<b>MEMBER NAME:</b>	<b>INSTALLING COMPANY:</b>
<b>INSTALLATION ADDRESS:</b> _____ _____	<b>COMPANY ADDRESS:</b> _____ _____
<b>DATE INSTALLED:</b> _____	<b>PHONE:</b> _____

Area Insulated	Square Footage	Existing R-Value	Added R -Value	Final R-Value	Type of Insulation & Method of Installation	Depth	# of Bags
Attic -							
Floor -							
Wall -							

I, \_\_\_\_\_ (print name) certify that this residence was insulated in conformance with all applicable codes, standards, regulations and specifications of the BPA Weatherization Specifications as administered by **Okanogan County Electric Cooperative**.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE