

**RESIDENTIAL DIRECT INSTALL PROGRAM  
Certificate of Completion**



Customer Name	
Street Address, City, Zip	
Registered Vendor Name	
Technician Name(s)	

**A. Summary of Work Performed** (to be completed by the **Registered Vendor**)

Please check-off and describe the work that was performed.

Location	Air Sealing	Insulation	Measures & Locations	Notes/Description
	✓	✓		
<b>Attic</b> (HIGH PRIORITY)			Chases (chimney, plumbing, duct)	
			Open framing	
			Access upgrade (e.g. hatch)	
			Pipe and electrical penetrations	
<b>Basement</b> (Medium Priority)			Top plates	
			Chases (chimney, plumbing, duct)	
			Rim/band joists	
			Foundation walls	
<b>Living Space</b> (low priority)			Bulkhead	
			Pipe/wire penetrations	
			Door weatherstripping	
			Caulking (windows, doors, trim)	
		Exterior walls		
		Other		

**B. Customer Acknowledgements** (to be completed by the **program participant**)

Please fill in the blanks in the first statement and initial all statements that apply.

Initials	Statements
	_____ (#) people worked in my house/apartment for _____ (#) hours.
	I have received a report of the energy audit that summarizes the findings and includes recommendations for improvements.
	I have received an invoice that accurately reflects the work performed and shows the rebate that will be provided to the Registered Vendor.