

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered Prescriptive Path achieves points through Table 9.36.8.8., or
- Tiered Performance Path has an air-leakage rate of less than 3.2 ACH@50 Pa.

<b>Building Address/Land Location</b>	
<b>Municipality</b>	
<b>Owner's Name</b>	

**Airtightness Declaration:**

<b>Input Parameters:</b>	<b>Reference Value</b>	<b>Proposed Value</b>	<b>Actual</b>
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (check one)	<input type="checkbox"/> ACH <sub>50</sub>	<input type="checkbox"/> NLA <sub>10</sub>	<input type="checkbox"/> NLR <sub>50</sub>
Zone Method (check one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	
<b>Airtightness Performer information:</b>			
Name:	Company:		
Phone:	Email:		

I certify that I am knowledgeable, experienced, and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_