

2011 PTCS™ Duct Sealing Certificate & Sealing Form

Instructions: All sections must be filled out by a PTCS-certified technician at the time of installation. 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 or fax to Ecos IQ at 877-848-4074. Questions? Call 800-941-3867.

Technician Certification Number PTCS - _____		Installation Company Name _____		Electric Utility Company _____	
Customer Name _____			Street Address _____		
Site Address 2 (Unit #/ Mailing Address) _____		City _____	State _____	Zip Code _____	Phone Number () - _____
<input type="checkbox"/> Site Built (Existing) <input type="checkbox"/> Site Built (New Construction) Year Built: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Energy Star Home? _____ Foundation Type: <input type="checkbox"/> Half Basement <input type="checkbox"/> Full Basement <input type="checkbox"/> Crawl <input type="checkbox"/> Slab		Manufactured Home <input type="checkbox"/> Y <input type="checkbox"/> N Sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Energy Star Home? <input type="checkbox"/> Y <input type="checkbox"/> N Super Good Cents? <input type="checkbox"/> Y <input type="checkbox"/> N			
What type of heating system was installed at this site? <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Other _____					Heated Area (sq ft) _____
Are at least 50% of the ducts in unconditioned space? <input type="checkbox"/> Y <input type="checkbox"/> N		If the majority of the ducts are in conditioned space, the home does not qualify for PTCS Duct Sealing.		# of supply registers: _____	# of returns _____

SECTION A: SITE INFORMATION

House Pressurization Test - Required for Existing Homes with Existing Ducts and Manufactured Homes					
Equipment Type <input type="checkbox"/> Energy Conservatory <input type="checkbox"/> RetroTec		Is this a Test-Only? <input type="checkbox"/> Y <input type="checkbox"/> N		Blower Door House Pressurized to: <input type="checkbox"/> +50Pa CFM50 <input type="checkbox"/> Other _____	
Duct Leakage Test (DB) = Duct Blaster (BD) = Blower Door			Leakage to Outside Test ONLY		
		New Construction	Existing Home New Ducts	Existing Home Existing Ducts	Manufactured Home
Pre-Test	Pre Ring (Circle One)	Not Applicable	Not Applicable	Open 1 2 3 H M L	Open 1 2 3 H M L
	Duct Blaster Fan Pressure	Not Applicable	Not Applicable	Pa	Pa
	Pre Duct Blaster CFM	Not Applicable	Not Applicable	DB CFM @ 0 Pa BD @ +50 Pa CFM	DB CFM @ 0 Pa BD @ +50 Pa CFM
Post-Test	Post Ring (Circle One)	Open 1 2 3 H M L	Open 1 2 3 H M L	Open 1 2 3 H M L	Open 1 2 3 H M L
	Duct Blaster Fan Pressure	Pa	Pa	Pa	Pa
	Post Duct Blaster CFM	Flow @50Pa	Flow @50Pa	DB CFM @ 0 Pa BD @ +50 Pa CFM	DB CFM @ 0 Pa BD @ +50 Pa CFM
Compliance Path (Check One)		<input type="checkbox"/> 6% with AH <input type="checkbox"/> 4% no AH	<input type="checkbox"/> 10%	Pre-Condition Leakage: <input type="checkbox"/> >250 CFM or <input type="checkbox"/> >15% of floor area (Whichever is Less) Reduction <input type="checkbox"/> 50% Reduction <input type="checkbox"/> 10% of Sq. Ft.	
Duct Blaster Location		<input type="checkbox"/> Return Grille <input type="checkbox"/> Other _____	<input type="checkbox"/> Return Grille <input type="checkbox"/> Other _____	<input type="checkbox"/> Return Grille <input type="checkbox"/> Other _____	<input type="checkbox"/> Return Grille <input type="checkbox"/> Other _____
Pressure Tap Location (Supply Register)					

SECTION B: DUCT SEAL DATA

