



UTAH

ThermWise® Multifamily Rebates Program Duct Sealing Application Supplement

If you conserve, you can save.®

Customer Information

Name of property _____ Phone () _____

Property office address _____

City _____ State _____ Zip _____

Contractor Information

Registered company name _____

Registered company address _____

City _____ State _____ Zip _____

Phone () _____ Fax _____ E-mail _____

Contact first name _____ Contact last name _____

Duct Leakage to Outside Test

Pressure testing equipment information	Blower door make:	Model:
	Pressure tester make:	Model:
		Fan pressure:
Testing equipment location:		
*Pre CFM @ 50 Pa		
Post CFM @ 50 Pa		
Reduction (Pre CFM - Post CFM)		
Select qualifying path (Select only one path)		
Reduction in leaking \geq 50%	Reduction / Pre-CFM * 100	Does this path meet requirement?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Use CRP correction factors if 50 Pa can not be achieved.

Sealing shall be done with mastics that meet hte UL-181 AM or BM standards.
Forced air system operation shall not depressurize a combustion appliance zone by more than 3 Pa.

Contractor/Technician Certification

By signing this certification, I attest that the duct sealing has been performed in compliance with Performance Tested Comfort Systems® standards.

Contractor/Technician Name _____ **Title** _____

Contractor/Technician Signature _____ **Date** _____

Attach this completed form to the ThermWise Multifamily Weatherization Application