

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

INSULATION CERTIFICATE

Date of Completion _____
Property Address: _____

Contractor Name _____
Contractor Address _____
Contractor Phone _____

WALLS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

CEILINGS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

WALLS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

CEILINGS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

FLOORS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

OTHER (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

I certify that the residence identified above was insulated as specified and that the installation was conducted in conformance to applicable codes, standards and regulations.

Installer Name

Installer Signature

Date