INSULATION CERTIFICATE

STATEMENT OF COMPLIANCE
We, the undersigned, hereby certify that the THERMAL INSULATION installed in the above referenced project is in compliance with the latest edition of the FLORIDA BUILDING CODE, the APPROVED ENERGY CALCULATIONS and Plans, and is in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Circle the applicable items).

1. Exterior CBS Walls Insulation:
   Thickness: _____________ inch(es)  R-_______ (Min.)  Material: ____________________________
   Density: __________ lb/ft  Mfr: ____________________________

2. Exterior Frame/Metal Stud Walls:
   Thickness: _____________ inch(es)  R-_______ (Min.)  Material: ____________________________
   Density: __________ lb/ft  Mfr: ____________________________

3. Exterior Solid Concrete Walls:
   Thickness: _____________ inch(es)  R-_______ (Min.)  Material: ____________________________
   Density: __________ lb/ft  Mfr: ____________________________

4. Interior walls separating A/C from non A/C spaces insulation:
   Thickness: _____________ inch(es)  R-_______ (Min.)  Material: ____________________________
   Density: __________ lb/ft  Mfr: ____________________________

5. MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY: The COMMON (Party) walls to two separate conditioned tenancies shall be insulated to a minimum of R-11 for frame walls, and to R-6 on both sides of mass common walls. See FLORIDA BUILDING CODE 5th Edition (2014) — Energy Conservation, Section R402.2.13. These "minimum levels of insulation", are not included in the Energy Calculations, but shall be installed in the field.

6. Ceiling insulation:
   Thickness: _____________ inch(es)  R-_______ (Min.)  Material: ____________________________
   Density: __________ lb/ft  Mfr: ____________________________

Note: Do not use this form for lightweight Insulating concrete.

<table>
<thead>
<tr>
<th>Insulation Contractor</th>
<th>General Contractor / Builder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Corporation No.:</td>
<td>Corporation No.:</td>
</tr>
<tr>
<td>Qualifiers Name:</td>
<td>Qualifiers Name:</td>
</tr>
<tr>
<td>License No:</td>
<td>License No:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

____________________  ____________________________  ____________________________  ____________________________
Signature of Property Owner or Agent  Signature of Qualifier

STATE OF __________________
COUNTY OF ________________
Sworn to (or affirmed) and subscribed before me this _____ day of __________, 20______ by:

____________________  ____________________________  ____________________________  ____________________________
(Type / Print Property Owner or Agent Name)  (Type / Print Qualifier Name)  (NOTARY’S SIGNATURE as to Owner or Agent Name)  (NOTARY’S SIGNATURE as to Qualifier)

Notary Name ____________________________  Notary Name ____________________________
(Personally Known or Produced Identification)  (Personally Known or Produced Identification)

Type of Identification Produced: ____________________________  Type of Identification Produced: ____________________________

NOTARY SEAL  NOTARY SEAL