STATE OF CALIFORNIA

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/20)

	E SMIRST COMMISSION
LIFORNIA ENERGY COMMISSION	

CEC-CI IN-ALT-03-E (Nevised 01/20)	CALII ONNIA ENENGT COMMISSION
CERTIFICATE OF COMPLIANCE	CF1R-ALT-05-E
Prescriptive Residential Alterations That Do Not Require HERS Field Verification	Page 1 of 3
Project Name:	Date Prepared:

This compliance document is only applicable to simple alterations that do not require HERS verification for compliance. When HERS verification is required, a CF1R-ALT- 01 shall first be registered with a HERS Provider Data Registry.

Alterations to Space Conditioning Systems that are exempt from HERS verification requirements may use the CF1R-ALT-05 and CF2R- ALT-05 Compliance Documents. Possible exemptions from duct leakage testing include: less than 40 ft of ducts were added or replaced; or the existing duct system was insulated with asbestos; or the existing duct system was previously tested and passed by a HERS Rater. If space conditioning systems are altered and are not exempt from HERS verification, then a CF1R-ALT-02 must be completed and registered with a HERS Provider Data Registry.

Alterations that utilize close Cell Spray Polyurethane Foam (ccSPF) with a density of 1.5 to less than 2.5 pounds per cubic foot having an R-value greater than 5.8 per inch, or Open Cell Spray Polyurethane Foam (ocSPF) with a density of 0.4 to less than 1.5 pounds per cubic foot having an R-value of 3.6 per inch, shall complete and register a CF1R-ALT-01 with a HERS Provider Data Registry.

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible. Alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures shall be met. Temporary labels shall not be removed before verification by the building inspector.

A. General Information						
01	Project Name:		02	Date Prepared:		
03	Project Location:		04	Building Front Orientation (deg or cardinal):		
05	CA City:		06	Number of Altered Dwelling Units:		
07	Zip Code:		08	Fuel Type:		
09	Climate Zone:		10	Total Conditioned Floor Area (ft²):		
11	Building Type:		12	Slab Area (ft²)		
13 Project Scope (Select all that apply):						
B. Insulation D. & E. Fenestration/Glazing - ADD G. Space Conditioning System (Heating, Cooling, Duct system) Lighting						
☐ C. Roof Replacement ☐ D. & F. Fenestration/Glazing - REPLACE ☐ H. Water Heating System ☐ Include Mandatory Measures?						

STATE OF CALIFORNIA

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/20)

CALIFORNIA ENERGY COMMISSION

CERTIFICATE OF COMPLIANCE

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

Page 2 of 3

Project Name:

Date Prepared:

H. Water Heating Systems (Section 150.2(b)1H)														
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Dwelling Unit Name	Water Heating System ID or Name	Water Heating System Location or Area Served	Water Heating System Type	Water Heater Type	# of Water Heaters in System	Water Heater Storage Volume (gal)	Fuel Type	Rated Input Type	Rated Input Value	Heating Efficiency Type	Heating Efficiency Value	Standby Loss (%)		Back-Up Solar Savings Fraction
Add Row	Delete Row													

STATE OF CALIFORNIA

Prescriptive Residential Alterations That Do Not Require HERS Field Verification

CEC-CF1R-ALT-05-E (Revised 01/20)

CERTIFICATE OF COMPLIANCE

	INTERNATION COMMISSION
ALIFORNIA ENERGY COMMISSION	

CF1R-ALT-05-E

Prescriptive Residential Alterations That Do Not Require HERS Field Verification						
Project Name:		Date Prepared:				
DOCUMENTATION AUTHOR'S DECLARATION STATEMENT						
1. I certify that this Certificate of Compliance documentation is accurate and complete.						
Documentation Author Name:	Documentation Author Signature:					
Company:	Signature Date:					
Address:	CEA/ HERS Certification Identification (if applicable):	CEA/ HEDS Cortification Identification (if analysable)				
Autics.	CEA, TERS certification identification (if applicable).					
City/State/Zip:						
RESPONSIBLE PERSON'S DECLARATION STATEMENT						
I certify the following under penalty of perjury, under the laws of the State of California:						
 The information provided on this Certificate of Compliance is true and correct. 						
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible						
designer).						
	3. That the energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of					
Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations.						
. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents,						

5. I will ensure that a registered copy of this Certificate of Compliance shall be made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a registered copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy.

worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.

owner at occupancy.	
Responsible Designer Name:	Responsible Designer Signature:
Company:	Date Signed:
. ,	
Address:	License:
City/State/Zip:	Phone:

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300.