



Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered prescriptive achieves points through Table 9.36.8.8., or
- Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.

Building Address: \_\_\_\_\_

Legal Address: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Permit Application Number: \_\_\_\_\_

**Airtightness Declaration:**

Input parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (circle one)	<input type="checkbox"/> ACH <sub>50</sub>	<input type="checkbox"/> NLA <sub>10</sub>	<input type="checkbox"/> NLR <sub>50</sub>
Zone Method (circle one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	
<b>Airtightness performer information:</b>			
Name:	Company:		
Phone:	Email:		

I certify that I am knowledgeable, experienced and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed certificates must be submitted to [docs@ccask.ca](mailto:docs@ccask.ca) prior to scheduling a full occupancy inspection.