

Program Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

## **Sharyland Residential and Hard-to-Reach Standard Offer Programs Duct Efficiency Pre-Measure Leakage Verification Form**

The project sponsor, \_\_\_\_\_, requires the assistance of a certified third-party HERS Rater to perform the duct efficiency pre-measure leakage verification test prescribed by Sharyland. Project sponsors may only use "Sharyland Registered Raters" to perform the prescribed test and measurements mentioned above. The rater must have completed the Certified HERS Rater Affidavit prior to performing the prescribed test.

### **Customer and Site Information**

Customer Name: \_\_\_\_\_

Sharyland Account or ESI ID Number: \_\_\_\_\_

Installation Address: \_\_\_\_\_

\_\_\_\_\_

### **Rater Information and Test Results**

Date of Test: \_\_\_\_\_

Rater Name: \_\_\_\_\_

Rater Company Name: \_\_\_\_\_

Rater Company Address: \_\_\_\_\_

\_\_\_\_\_

Pre-Measure Leakage to Outside, CFM25: \_\_\_\_\_

\_\_\_\_\_  
Project Sponsor Signature

\_\_\_\_\_  
Rater Signature

\_\_\_\_\_  
Date