

State of Louisiana Insulation Certificate

Permanently attach this certificate in a utility area

Install Date:

Permit Number

<u>Area Insulted</u> <u>Barrier</u>	<u>R-Value</u>	<u>Thickness</u> <u>(Any Type)</u> <u>in inches</u>	<u>Cell Density</u> <u>(Foam)</u> <u>Open or Closed</u>	<u>Ignition</u> <u>(Foam)</u> <u>Barrier</u>
Attic Under Sheathing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attic Ceiling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sloped Ceiling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knee walls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Under First Floors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Jobsite Address: _____

Contractor Name: _____
License #: _____

Insulation Contractor: _____

Installer/Applicator: _____

Manufacture product batch number: _____

MUST SUBMIT

- 1) Insulation Certificate
- 2) Manufacturer's MSDS
- 3) 3Rd Party Name and Performance Report
- 4) Applicator's manufacturer's training certificate