

# Heating, Ventilation and Cooling Certification

**Please print**

Contractor name	Master license number
Address	Issued by

**Systems inspection**

Address of dwelling	Date
Master heating installer name	Firm name

A licensed journeyman/master heating installer, employed by this firm, has inspected the heating system of the dwelling listed above. The inspection revealed that the entire heating system is consistent with City Code Enforcement Standards for adequate heat supply, chimney, sealed smoke stack, manual gas shut-off, draft hood venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer. By signing, my firm is duly bound under the terms and conditions of the certification.

This certification as to the conditions of the heating system is based upon a visual inspection on the date and address listed above. If the installation is subsequently found to be in nonconformance, such faulty conditions shall be determined to have occurred on or after the date of this certification.

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or any other party involved in the transaction.

**WARNING: Whoever, for the purpose of influencing in any way the action of this office, makes, passes, utters or publishes any false statement shall be turned over to the City Attorney for prosecution. Also, the Licensing Authority and Bonding Agent for the installer shall be notified for appropriate action.**

FIRM REPRESENTATIVE'S Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**Equipment description** *Attach additional sheets, if necessary.*

Type	Make	Model	Serial no.
Type	Make	Model	Serial no.

**Services performed** *Attach additional sheets, if necessary.*

<input type="checkbox"/> <b>Combustion chamber:</b> Cleaned, visual inspection for cracks. <input type="checkbox"/> <b>Vent connection(s)/chimney(s):</b> Inspected for deterioration. <input type="checkbox"/> <b>Control system:</b> Tested, checked operation. <input type="checkbox"/> <b>Burner(s):</b> Checked for correct input. <input type="checkbox"/> <b>Combustion flue:</b> Checked for carbon monoxide. <input type="checkbox"/> <b>Heating unit(s):</b> Visual inspection, including clearance to combustible materials. <input type="checkbox"/> <b>Cooling/ventilation systems:</b> Visual inspection when required by Housing Inspection Checklist.	<input type="checkbox"/> <b>Heating unit(s) inspection only</b> <i>(Unless additional requirements stated by Housing Inspection Checklist.)</i> <input type="checkbox"/> <b>Wiring, including controls:</b> Safe and operational. <input type="checkbox"/> <b>Additional work performed:</b> _____ _____ _____ _____ _____
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