



# CITY OF FULSHEAR

## BUILDING SERVICES

PO Box 279 / 29255 FM 1093 #12C  
Fulshear, Texas 77441  
Phone: 281-346-8860 ~ Fax: 281-346-8237  
www.fulsheartexas.gov

### THIRD PARTY ENERGY INSPECTOR REGISTRATION FORM

To register as an Independent Third-Party Energy Inspector, complete and present this form in person with valid photo identification.

#### INSPECTOR INFORMATION

Name: \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_

Address (No P.O. Box): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### BUSINESS OR COMPANY INFORMATION (IF ANY INFORMATION IS DIFFERENT)

Company's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Business Address (No P.O. Box): \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### INSPECTOR CERTIFICATION

Appropriate	Type of Certification	Certificate Number
<input type="checkbox"/>	ICC Commercial Energy Inspector	_____
<input type="checkbox"/>	ICC Commercial Energy Inspector/Plans Examiner w/ ASHRAE 90.1	_____
<input type="checkbox"/>	ICC Commercial Energy Plans Examiner	_____
<input type="checkbox"/>	ICC Residential Energy Inspector/Plans Examiner	_____

#### ACKNOWLEDGEMENT

I am trained and certified to perform inspections &/or plan review for compliance with the IECC. I attest that I am not affiliated with a builder or construction company and that I am an independent third-party agent. I understand that the City of Fulshear will confirm my status through ICC.

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

Energy Inspector Registration No. : \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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### 2015 IECC PERFORMANCE TESTING COMPLIANCE

Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### DUCT LEAKAGE TESTING VERIFICATION

**Choose option used for compliance:** per 2015 IECC Section R403.3.4, system tested @ 25 Pascals across, including the manufacturer's air handler enclosure.

**Rough-In Test Option** (see code for test specifics): Results of test: \_\_\_\_\_ CFM.

**Post Construction Option** (see code for test specifics): Results of test: \_\_\_\_\_ CFM.

I certify that I have conducted a **duct blaster test and it has passed the requirements of the 2015 International Energy Conservation Code**. I further certify that I am certified to perform duct testing leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Certification Number: Agency: \_\_\_\_\_

Signature of Inspector/Testing Technician: \_\_\_\_\_

Printed Name of Inspector/Testing Technician: \_\_\_\_\_

#### BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION

**Compliance requirements:** per 2015 IECC Section R402.4.1.2, building thermal envelope tested @ 50 Pascals in accordance with ASTM E 779 or ASTM E1827 to verify air leakage.

**Building Thermal Envelope Leakage Testing:** Results of test: \_\_\_\_\_ air changes per hour.

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2015 International Energy Conservation Code**. I further certify that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, nor am I employed or have any financial interest in the company that constructs the structure.

Certification Number: Agency: \_\_\_\_\_

Signature of Inspector/Testing Technician: \_\_\_\_\_

Printed Name of Inspector/Testing Technician: \_\_\_\_\_