

Documentation Author's Declaration Statement

1. I certify that this Certificate of Installation documentation is accurate and complete.

Documentation Author Name: James Young	Documentation Author Signature: <i>James Young</i>
Company: Young's Verification Services	Signature Date: 2019-07-03 09:51:54
Address: 1248 North St.	CEA/ HERS Certification Identification (if applicable):
City/State/Zip: Santa Rosa CA 95404	Phone: 707-495-9716

Responsible Person's Declaration statement

I certify the following under penalty of perjury, under the laws of the State of California:

- The information provided on this Certificate of Installation is true and correct.
- I am either: a) a responsible person eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation, and attest to the declarations in this statement, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
- The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations and the installation conforms to the requirements given on the Certificate of Compliance, plans, and specifications approved by the enforcement agency.
- I will ensure that a registered copy of this Certificate of Installation shall be posted or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Builder/Installer Name: Tim Menini	Responsible Builder/Installer Signature: <i>Tim Menini</i>
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) MENINI HEATING & AIR CONDITIONING	Position With Company (Title): Owner
Address: 5589 VOLKERTS ROAD	CSLB License: 777885
City/State/Zip: SEBASTOPOL CA 95472	Phone: 707-585-2178
	Date Signed: 2019-07-03 09:53:02

Digitally signed by CalCERTS. This digital signature is provided in order to secure the content of this registered document, and in no way implies Registration Provider responsibility for the accuracy of the information.