



HVAC CERTIFICATION

TO BE COMPLETED BY LICENSED MECHANICAL CONTRACTOR

Service Date:	
Property Address:	
Property Owner:	
Company Name:	
Contractor Name:	
Contractor License Number:	

Equipment Inspected:	<input type="checkbox"/> Furnace	<input type="checkbox"/> Boiler
Equipment Make:		
Equipment Model Number:		
Equipment Serial Number:		
Carbon Monoxide Reading:		

Description of Work Performed:

Is the furnace/boiler clean and safe to operate? Yes No

Where present, are the fire dampers clean and safe to operate? Yes No N/A

Contractor Signature: _____ Date: _____