## Statement of Insurance To Perform Federal Energy Efficiency Tax Credit Certifications

Rater/Certifier: Print and sign a copy of this form, and mail to RESNET (P.O. Box 456, Oceanside, CA 92052-4561). Also mail a copy to NCAT (Attn: Dale Horton, 3040 Continental Drive, Butte, Montana 59702. We recommend that you also retain a copy for your files.

Information for HERS Rater or ESHNW Verifier ("otherwise authorized" certifier): Rater/Certifier Name: Rater/Certifier Company: Address: Telephone Number: Email Address: I declare that I meet the requirements to perform tax credit certifications, having received the following certifications (indicate those that apply): ☐ HERS Rater (must pass the National HERS Rater Test) ☐ ENERGY STAR Homes Northwest Verifier Training and ENERGY STAR Homes Northwest Performance (house and duct tightening) Testing Training and REM/RATE Software Training. Completion of there three trainings allow for "otherwise authorized" certifier status. Under the penalties of perjury, I declare that \_\_\_\_\_ carries a minimum of \$500,000 in professional liability insurance. I also acknowledge that if a rater inaccurately presents facts in support of the certification of the tax credit it could result up to and including RESNET removing its accreditation as a tax credit certifier. Print Rater/Certifier Name: \_\_\_\_\_ Rater/Certifier Signature:\_\_\_\_\_ Date \_\_\_\_\_