



DUCT LEAKAGE TEST REQUEST

FAX TO: (559) 440-9865

OFFICE : (559) 341-5123

ATTN: HVAC CONTRACTORS -- PLEASE FAX THIS COMPLETED FORM WITH PAGE 3 and 4 OF FORM CF-6R FOR EACH SYSTEM TO BE TESTED

(PLEASE PRINT)

FORM COMPLETED BY _____ Contractor License # _____

COMPANY NAME _____

PHONE _____ FAX# _____

Circle one: Test as Individual unit Include in 1-7 Sample Group

Is this NEW construction? NO YES IF YES, ALSO FAX CF-1R - (MANDATORY)

CIRCLE ONE: RESIDENTIAL COMMERCIAL

HOW MANY UNITS?: 1 2 3

CIRCLE ONE: PACKAGE SPLIT

REQUESTED TEST DATE/TIME _____ 8-10 AM 10-12noon 1-3 PM 3-5pm

HOMEOWNER NAME _____

ADDRESS _____ City: _____

ZIP CODE _____ PHONE # _____

NEAREST CROSS STREET _____

SERVICE TO BE PAID BY: HOMEOWNER CONTRACTOR BUILDER (CIRCLE ONE)

REQUESTED APPOINTMENT HAS BEEN CONFIRMED FOF

FRESNO DUCT TESTERS HAS CONTACTED HOMEOWNER AND SCHEDULED THE FOLLOWING APPT TIME

Fresno Duct Testers Use only:

Confirmed appointment:

DATE: _____

TIME: _____

BY: _____