



Residential Air Leakage Certification (Blower Door)

Version 2023-5-1

SITE ADDRESS _____	
PERMIT NUMBER _____	
BUILDER/CONTRACTOR NAME _____	
ADDRESS _____	
PHONE _____	STATE LICENSE NUMBER _____

1. TEST METHOD (Check one)

- Prescriptive Method - The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 5 air changes per hour at a pressure of 0.2 w.g. (50 Pascals)
- Simulated Performance Alternative - Comply with Section N1105 of the Virginia Residential Code
- Energy Rating Index - Comply with Section N1106 of the Virginia Residential Code

BLOWER DOOR TEST RESULTS: _____

I hereby certify that the information provided is accurate and complies with the applicable edition of the Virginia Residential Code.

Company Name: _____ Phone: _____

Signature of Tester: _____ Date of Test: _____

By checking this box, I agree to electronically signing this form.

Printed Name of Tester: _____

License/Certification #: _____