

ACKNOWLEDGMENT FORM

Spray Foam Training Requirements

Contractor: I, attest that _____ has met all the Spray Foam training
(Company name)

requirements per Section 5.2 of the NY Residential Existing Homes Program Manual and will continue to install spray foam according to manufacturer specification and NYS Code. Upon NYSERDA request, the Contractor will provide all staff training certifications to NYSERDA for review within 48 hours of the request.

Contractor name (Printed)

Contractor Signature

Date

Company Title

A completed copy of this form must be submitted to contractor support at
support.residential@nyserda.ny.gov.

If there are any questions, please contact contractor support at (800) 284 – 9069 or email at
support.residential@nyserda.ny.gov