



InsulStarLight Insulation Certificate

Date Installation completed _____

Application Contractor _____
(Company Name)

Address _____

City/State/Zip _____ Phone # _____

Project/Building Name _____

Building Address _____

City/State/Zip _____

Indicate areas insulated -

Stud Wall Average thickness _____ R-Value _____

Ceiling insulation Average thickness _____ R-Value _____

Roof Deck insulation Average thickness _____ R-Value _____

Crawl Space subfloor Average thickness _____ R-Value _____

Garage Ceiling Average thickness _____ R-Value _____

Other Areas insulated _____

I (print name) _____ as an Independent contractor, certify that the InsulStar®Light Insulation installed on this project was applied in accordance with the NCFI recommendations and specifications as stated on the product data sheet and the InsulStar®Light Application Specifications in the amount as indicated on this certification.

_____ (signed) Date _____

InsulStarLight 12-008 System R-Value Chart

Thickness	R - Value
1"	3.7
2"	7.6
3"	11
3.5"	13
5"	19

Thickness	R -Value
5.5"	21
6"	22
7"	27
7.25"	28
8"	31

Thickness	R - Value
9"	34
10"	38
11"	42
11.25"	43
12"	46

