



RENTAL HOUSING FURNACE CERTIFICATION

(TO BE COMPLETED BY PERSON PERFORMING SERVICE)

Property Address: _____

Property Owner: _____

Name of Licensed Contractor: _____

Contractor License Number: _____

Date of Service/Inspection: _____

FUEL-FIRED FURNACE INSPECTED

MAKE: _____

MODEL NO.: _____

SERIAL NO.: _____

MANUFACTURE DATE: _____

CARBON MONOXIDE READING: _____

DESCRIBE WORK PERFORMED:

Is the appliance clean and safe to operate? YES NO

Signature of Contractor

Date