



InsulStar® Insulation Certification

Date Installation completed: _____

Application Contractor _____
(Company Name)

Address _____

City/State/Zip _____ Phone # _____

Project/Building Name _____

Building Address - Street _____

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/Basement: Average thickness _____ R-Value _____

Special Areas insulated: _____

I (print name) _____ as an Independent contractor, certify that the InsulStar 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 Application Specifications in the amount as indicated on this certification.

_____ (signed) Date _____

InsulStar System R-Value Chart

Thickness	R - Value		Thickness	R -Value		Thickness	R -Value
1"	6.4		4.75"	30		8"	51
2"	13		5"	32		9"	57
3"	19		6"	38		10"	64
3.5"	22		7"	45		11"	70
4"	25		7.5"	48		12"	76

InsulStar® is a product of NCFI Polyurethanes, Div. of BMC
P.O. Box 1528, Mount Airy, NC 27030



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