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| Property Address  |  |
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| CC or CDC Application No.  |  |
|  |  |
| Description of WorkBeing Certified |  |
| I hereby certify that:All glazing is installed to AS 2047 – 2014 “Windows & External Doors in Buildings – Selection & *Installation”,* AS 1288 – 2006 *“Glass in Buildings”* and AS 1170.2 – 2021 *“Wind Actions”.*BAL Level: ………………………….Wind Rating: ……………………….. (If applicable)I confirm that I am appropriately competent and qualified to certify this element. |
| Details of the PersonMaking the Statement | Name: Email: Phone No.: Licence No.: Company:  |
|  |  |
| Date |  |
|  |  |
| Signature |  |