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|  |  |
| Property Address |  |
|  |  |
| CC or CDC  Application No. |  |
|  |  |
| Description of Work  Being Certified |  |
| I hereby certify that:  The installed skylights/rooflights meet the applicable BAL rating and AS 3959-2018.  I confirm that I am appropriately competent and qualified to certify this element. | |
| Details of the Person  Making the Statement | Name:  Email:  Phone No.:  Licence No.:  Company: |
|  |  |
| Date |  |
|  |  |
| Signature |  |