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| Property Address  |  |
|  |  |
| CC or CDC Application No.  |  |
|  |  |
| Description of WorkBeing 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 PersonMaking the Statement | Name: Email: Phone No.: Licence No.: Company:  |
|  |  |
| Date |  |
|  |  |
| Signature |  |