



American Spray Foam 0.5B Insulation Certification Form

Open Cell Spray-in-Place Polyurethane Foam Insulation System

Date Installation completed: _____

Application Project Building Address: _____

City/State/Zip _____

Application Contractor: _____
(Company Name)

Address: _____

City/State/Zip _____ Phone # _____

List Values in the areas insulated -

Exterior 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
ASF 0.5B Insulation installed on this project was applied in accordance with the ASF
recommendations and specifications as stated on the product data sheet and the ASF 0.5B
Application Specifications in the amount as indicated on this certification.

_____ (signed) Date _____

ASF 0.5B Spray Polyurethane Foam Insulation System R-Value Chart

Thickness	R-value		Thickness	R-Value
1"	3.7		8"	31
3.5"	13		11"	42
5.5"	21		14"	54