



InsulStar®1.7 OPTIMAXX (11-033) Insulation Certification

Closed Cell Spray-in-Place Polyurethane Foam Insulation System

Date Installation completed: _____

Application Contractor _____
(Company Name)

Address _____

City/State/Zip _____ Phone # _____

Building Address - Street _____

City/State/Zip _____

Indicate 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 InsulStar®1.7 OPTIMAXX 11-033 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 _____

Thickness	R-Value		Thickness	R-Value
1"	7.1		5.5	37
2"	14		6"	40
3"	20		7"	47
3.5"	23		8"	53
4.5"	30		9"	60

**American Spray Foam ASF 1.7
Spray Polyurethane Foam
Insulation System R-Value Chart**



