

EXHIBIT B: FORM FOR CONTRACTOR CERTIFICATION

SECTION ONE: I am supplying this certification in conjunction with the application of \_\_\_\_\_ to the State of Hawaii for a wind resistive device grant.

SECTION TWO: I installed and inspected the wind resistive devices checked below at the following address and Tax Map Key:

Address:

---

---

Tax Map Key of the Property:

---

The wind resistive devices I inspected fall into the following category/categories (check each one that is applicable) and that each has been fully installed prior to the date of this certification:

- Uplift restraint ties at roof ridges and roof framing members to wall or beam supports;
- Fastening of existing or new roof sheathing and roof decking for high wind uplift;
- Impact and pressure resistant exterior opening protective devices (residence) (do not check this box unless the device has been pre-approved by the State)
- Impact and pressure resistant exterior opening protective devices (attached garage) (do not check this box unless the device has been pre-approved by the State);
- Wall to foundation uplift restraint connections strengthening for wood foundation posts on footings (do not check this box unless the State has pre-approved the engineering drawings)
- Residential safe room (do not check this box unless the State has pre- approved the engineering drawings)

Name of owner / grant applicant:

---

Name of contractor / installer:

---

Contractor License Number:

---

Address of contractor / installer:

---

---

Phone Number of contractor / installer:

---

Date of Installation: \_\_\_\_\_

**SECTION THREE:** I represent to the State of Hawaii and the grant applicant that: (a) I have read and understood the Loss Mitigation Grant Program Guidelines and the Wind Resistive Devices Grant Program Technical Specifications Version 2.1, (b) the wind resistive devices for which a grant is being sought by this applicant meet all the requirements of the Wind Resistive Devices Grant Program Technical Specifications Version 2.1; and (c) I am a licensed contractor in the State of Hawaii.

Under the penalties of perjury, I hereby swear or affirm that the information in this certification is true and correct to the best of my knowledge and belief:

By: \_\_\_\_\_

Dated: \_\_\_\_\_