



ERV REQUEST FOR VERIFICATION

AHRI CERTIFICATION PROGRAM FOR AIR-TO-AIR ENERGY RECOVERY VENTILATORS

Complete the information below for each verification request. A copy of the output sheet from the manufacturer's Selection Rating Software must be submitted in conjunction with this form. All fields must be completed prior to submission. Please allow ten (10) business days for AHRI to conduct the verification and respond to your request.

AHRI Certified Reference Number: _____

Manufacturer or Brand Name: _____

Model Number: _____

Selection Software Name and Version Number: _____

Selected Rating Conditions	
Leaving Supply Airflow – Station 2 (SCFM)	
Entering Exhaust Airflow – Station 3 (SCFM)	
Station 1 Dry Bulb Temperature (°F)	
Station 1 Humidity (select one): <input type="checkbox"/> Relative Humidity (%), <input type="checkbox"/> Humidity Ratio (gr/lb), or <input type="checkbox"/> Wet Bulb Temperature (°F)	
Station 3 Dry Bulb Temperature (°F)	
Station 3 Humidity (select one): <input type="checkbox"/> Relative Humidity (%), <input type="checkbox"/> Humidity Ratio (gr/lb), or <input type="checkbox"/> Wet Bulb Temperature (°F)	
Differential Pressure (in H ₂ O)	
Certified Ratings	
Sensible Effectiveness (%)	
Latent Effectiveness (%)	
Exhaust Air Transfer Ratio (EATR) (%)	
Outdoor Air Correction Factor (OACF)	
Supply Pressure Drop (in H ₂ O)	
Exhaust Pressure Drop (in H ₂ O)	

Requested by

Print Name: _____

Company: _____

Email: _____

Date: _____

Verified by