



**Caribou Housing Agency**  
Housing Choice Voucher Program

Municipal Building  
25 High Street  
Caribou, ME 04736  
Telephone (207) 493-4234  
Fax (207) 376-0178  
[www.cariboumaine.org](http://www.cariboumaine.org)

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**HEATING CERTIFICATION LETTER**

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Unit Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Name of Technician: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The heating deficiency was completed on: \_\_\_\_\_

How was the heating deficiency corrected? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction**

**This certifies that I am a certified heating technician licensed by the state of Maine and that the heating in question has been inspected and cleared for safety and use at the above mentioned address.**

\_\_\_\_\_  
Licensed Technician's Signature

\_\_\_\_\_  
License Number