



Fire alarm installation certificate

After completing an installation, modification, or addition of a system or single-station detector (excluding a one- or two-family residence), the licensee must complete and present this certificate to the owner or owner's representative or post the certificate near the main control panel (Fire Alarm Rules, 28 Texas Administrative Code, 34.617.

Original to owner or posted on site at control panel. **Copy 1** to main authority having jurisdiction. **Copy 2** for certifying alarm company to keep in its office for access by SFMO.

Property name: _____ Building/floor: _____ Street: _____ City / Zip: _____ Certifying alarm company: _____ City / State / Zip: _____ Phone: _____ Alarm certificate registration: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Type of Installation:</td> <td colspan="4">The system complies with the following codes and standards.</td> </tr> <tr> <td><input type="checkbox"/> New</td> <td>Code</td> <td>Year/edition</td> <td>Code</td> <td>Year/edition</td> </tr> <tr> <td><input type="checkbox"/> Modification</td> <td>NFPA 72</td> <td>_____</td> <td>IBC / IFC</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td>NFPA 70</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>NFPA 101</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Name of nearest fire department: _____ Fire department (non-emergency) phone: _____ Emergency phone: _____	Type of Installation:	The system complies with the following codes and standards.				<input type="checkbox"/> New	Code	Year/edition	Code	Year/edition	<input type="checkbox"/> Modification	NFPA 72	_____	IBC / IFC	_____	<input type="checkbox"/> Addition	NFPA 70	_____	_____	_____	_____	NFPA 101	_____	_____	_____
Type of Installation:	The system complies with the following codes and standards.																									
<input type="checkbox"/> New	Code	Year/edition	Code	Year/edition																						
<input type="checkbox"/> Modification	NFPA 72	_____	IBC / IFC	_____																						
<input type="checkbox"/> Addition	NFPA 70	_____	_____	_____																						
_____	NFPA 101	_____	_____	_____																						

System information					
Control panel manufacturer: _____		Model # _____		Other: _____	
Check all the applicable system types below that were installed by the above certifying company or the system type(s) in which the company made modifications or additions.					
<input type="checkbox"/> Fire alarm/Evacuation	<input type="checkbox"/> Fire detection	<input type="checkbox"/> Smoke damper control	<input type="checkbox"/> Sprinkler system supervision	<input type="checkbox"/> _____	
<input type="checkbox"/> Voice notification	<input type="checkbox"/> Elevator control	<input type="checkbox"/> HVAC	<input type="checkbox"/> Magnetic door	<input type="checkbox"/> _____	

Initiating devices		Initiating devices		Notification appliances		Supervisory devices		Circuit style		Circuit style/class	
Type	Quantity	Type	Quantity	Type	Quantity	Type	Quantity	Quantity	Quantity	Quantity	
Smoke detectors	_____	UV/IR	_____	Bell, horn, or chime	_____	Valve tamper switches	_____	SLC 4	_____	NAC Y or B	_____
Heat detectors	_____	Isolation modules	_____	Strobe	_____	High / low air pressure	_____	SLC 6	_____	NAC Z or A	_____
Duct smoke detectors	_____	Kitchen suppression	_____	Speaker	_____	Fire pump	_____	SLC 7	_____	_____	_____
Beam smoke detectors	_____	Sprinkler flow switch	_____	Horn/chime/strobe	_____	_____	_____	IDC A	_____	_____	_____
Fire alarm boxes	_____	Gas fire protection syst.	_____	Speaker strobe	_____	_____	_____	IDC B	_____	_____	_____
_____	_____	_____	_____	Fire phones	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Annunciation panel	_____	_____	_____	_____	_____	_____	_____

Record drawings Company: _____ City / State: _____ Planner's name: _____ License num. PE or APS: _____ Date on plan: _____ Revision number/date: _____	<input type="checkbox"/> Record drawings (one with original planner's signature) <input type="checkbox"/> Instructions describing, operation, test, and maintenance <input type="checkbox"/> Information to aid in establishing an Emergency Evacuation Plan The above required documents were supplied to: Person's name: _____ Company's name: _____ Date: _____
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I certify, on behalf of the registered certifying company, that this fire alarm system has been tested and complies with the requirements of Texas Insurance Code, Chapter 6002, and Texas Administrative Code, Section 34.600, the Fire Alarm Rules; the applicable codes and standards; and the manufacturer's installation requirements.

Signature of licensee: _____ **License number:** _____
Printed name of licensee: _____ **Date signed:** _____