



**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: _____ <b>Alarm certificate registration:</b> _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Type of Installation:</b></td> <td colspan="4"><b>The system complies with the following codes and standards.</b></td> </tr> <tr> <td>_____ New _____</td> <td>Code</td> <td>Year/edition</td> <td>Code</td> <td>Year/edition</td> </tr> <tr> <td>_____ Modification _____</td> <td>NFPA 72</td> <td>_____</td> <td>IBC / IFC</td> <td>_____</td> </tr> <tr> <td>_____ 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: _____	<b>Type of Installation:</b>	<b>The system complies with the following codes and standards.</b>				_____ New _____	Code	Year/edition	Code	Year/edition	_____ Modification _____	NFPA 72	_____	IBC / IFC	_____	_____ Addition _____	NFPA 70	_____	_____	_____	_____ _____	NFPA 101	_____	_____	_____
<b>Type of Installation:</b>	<b>The system complies with the following codes and standards.</b>																									
_____ New _____	Code	Year/edition	Code	Year/edition																						
_____ Modification _____	NFPA 72	_____	IBC / IFC	_____																						
_____ Addition _____	NFPA 70	_____	_____	_____																						
_____ _____	NFPA 101	_____	_____	_____																						

<b>System information</b>					
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"/> _____	
<b>Initiating devices</b>	<b>Initiating devices</b>	<b>Notification appliances</b>	<b>Supervisory devices</b>	<b>Circuit style</b>	<b>Circuit style/class</b>
Type _____ Quantity _____	Type _____ Quantity _____	Type _____ Quantity _____	Type _____ 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 _____	_____	_____	_____

<b>Record drawings</b> Company: _____ City / State: _____ Planner's name: _____ License num. PE or APS: _____ Date on plan: _____ Revision number/date: _____	_____ Record drawings (one with original planner's signature) _____ Instructions describing, operation, test, and maintenance _____ Information to aid in establishing an Emergency Evacuation Plan <b>The above required documents were supplied to:</b> 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:** \_\_\_\_\_