



Texas Department of Insurance
State Fire Marshal's Office, Mail Code 112-FM
 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221
 512-305-7900 • 512-305-7910 fax • www.tdi.state.tx.us

FIRE ALARM INSTALLATION CERTIFICATE

After completion of an installation, modification, or addition of a system or single station detector (excluding a one or two family residence) the licensee shall complete and present this certificate to the owner or their representative or post the certificate near the main control panel according to the Fire Alarm Rules 28TAC§34.617
DISTRIBUTION: **Original** to owner or posted on site at control panel. **Copy 1** to main authority having jurisdiction. **Copy 2** Certifying firm to retain in their office for access by SFMO.

Property Name: _____
 Bldg. or Floor No.: _____
 Street: _____
 City / Zip: _____

Name of **CERTIFYING** firm: _____
 City / State / Zip: _____
 Phone Number: _____
ACR- _____

Type of Installation:	The system complies with the following codes and standards.			
	Code or Std.	Year/Edition	Code or Std.	Year/Edition
___ New				
___ Modification	NFPA 72		IBC / IFC	
___ Addition	NFPA 70			
___ _____	NFPA 101			

Name of nearest Fire Department: _____
 Fire Department (non-emergency) Phone: _____
 Emergency Phone Number: _____

SYSTEM INFORMATION

Control Panel Manufacturer: _____ Model # _____ Other: _____

Check all the applicable system types below that were installed by the above certifying firm or the system type(s) in which the firm made modifications or additions.

___ Fire Alarm/Evacuation ___ Fire Detection ___ Smoke Damper Control ___ Sprinkler System Supervision ___ _____
 ___ Voice Notification ___ Elevator Control ___ HVAC Control/Shutdown ___ Magnetic Door Holder/Release ___ _____

INITIATING DEVICES		INITIATING DEVICES		NOTIFICATION APPLIANCES		SUPERVISORY DEVICES		CIRCUIT STYLE	CIRCUIT STYLE/CLASS		
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	_____		_____		_____		_____

RECORD DRAWINGS

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 & maintenance
 ___ Information to **aid in establishing** an Emergency Evacuation Plan
The above required documents were supplied to:
 Person's name: _____
 Company's name: _____
 Date: _____

I hereby certify, on behalf of the registered certifying firm, that this fire alarm system has been tested and complies with the requirements of Texas Insurance Code, Art 5.43-2, 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: _____