



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, Chapter 6002, 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: _____