

**CONTRACTOR'S STATEMENT OF COMPLIANT INSTALLATION
AND AFFIDAVIT OF PERSONNEL QUALIFICATIONS**

PROJECT NAME: _____

ADDRESS: _____

PERMIT NUMBER: _____

AHJ: _____

I, the undersigned fire alarm installation contractor, attest under penalty of perjury that the following information is true and correct:

(1) That the fire alarm system installed in the premises as described above meets the requirements of the approved design documentation and of the National Fire Alarm Code (NFPA 72), and has been fully tested in accordance with the following:

Pre-test of system conducted and documented prior to scheduling with Fire Inspector, as described NFPA 72, 2022 Edition, Chapter 14.

Record of Completion provided to AHJ upon final sign-off.

(2) That the following personnel participated in the installation of the fire alarm system as described above:

Name	Level of Qualification	Fire/Life Safety Tech License (Blue Card)

Use additional sheets if necessary.

SIGNATURE: _____ DATE: _____

NAME (PRINT): _____

C-10 LICENSE: _____