



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)
333 Guadalupe, Austin, Texas 78701 \* PO Box 149221, Austin, Texas 78714-9221
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFM0

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
Addition
NFA 72
NFA 70
NFA 101
IBC / IFC
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

Table with 6 columns: INITIATING DEVICES, INITIATING DEVICES, NOTIFICATION APPLIANCES, SUPERVISORY DEVICES, CIRCUIT STYLE, CIRCUIT STYLE/CLASS. Each column has sub-columns for Type and Quantity.

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: