

FIRE PROTECTION BUREAU – PLAN REVIEW PO Box 42600 Olympia WA 98504-2600 (360) 596-3911 FAX: (360) 596-3934



FIRE ALARM INSTALLATION CERTIFICATION

Permit #:		Date:		
		Property Protected	System Installer	System Supplier
Bus	siness Name:			
Address:				
Rer	oresentative:			
Telephone:				1
	•			
	ation of Owner	a Manuali		
	operational ac	ecceptance tests. Check wirinstallation was inspected an NFPA 72 Article 760 of NEC Manufacturer's Instructi Other (specify: FM, UL,	ng for opens, ground faults, an d found to comply with the inst	allation requirements of:
				Date:
	Organization:			
2.		oroperly in accordance with NFPA 72 Design Specifications Manufacturer's Instructi	the requirements of:	of this system were tested and found to
	Print Name:			
	Signed:			Date:
	Organization:			