



**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.texas.gov

# 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: \_\_\_\_\_

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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	_____	_____	_____

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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: \_\_\_\_\_