

## Private Water and Hydrant System Installation Certification

The NFPA contractor certificate of compliance form is an acceptable substitution for this form.

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____
Type of System:	_____		
Location of Plans:	_____		
Location of Owner's Manual:	_____		

1. Certification of System Installation: Complete this section after the system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 24  
\_\_\_\_\_ IFC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 24  
\_\_\_\_\_ Design specifications  
\_\_\_\_\_ IFC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Private Water Tank System Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Type of Tank(s): \_\_\_\_\_

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

- 1. Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

NFPA 22  
 Design Specifications  
 Manufacturer's Instructions  
 Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

- 2. Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

NFPA 22  
 Design Specifications  
 Manufacturer's Instructions  
 Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Emergency and Standby Power Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____
Type of System:	_____		
Location of Plans:	_____		
Location of Owner's Manual:	_____		

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

- \_\_\_\_\_ NFPA 110
- \_\_\_\_\_ Articles 700, 701, or 702 of the National Electrical Code
- \_\_\_\_\_ Manufacturer's Instructions
- \_\_\_\_\_ Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

- \_\_\_\_\_ NFPA 110
- \_\_\_\_\_ Design Specifications
- \_\_\_\_\_ Articles 700, 701, or 702 of the National Electrical Code
- \_\_\_\_\_ Manufacturer's Instructions
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## NFPA 13 Sprinkler Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. Certification of System Installation: Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 13  
\_\_\_\_\_ IFC and IBC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify; FM, UL, etc) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 13  
\_\_\_\_\_ IFC and IBC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## NFPA 13R Sprinkler Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 13R  
\_\_\_\_\_ IFC and IBC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 13R  
\_\_\_\_\_ IFC and IBC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## NFPA 13D Sprinkler Installation Certification

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

NFPA 13D  
 IFC and IBC  
 Manufacturer's Instructions  
 Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

NFPA 13D  
 IFC and IBC  
 Manufacturer's Instructions  
 Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Water Mist Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 750  
\_\_\_\_\_ IFC  
\_\_\_\_\_ Manufacturer's Instructions or Listing  
\_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 750  
\_\_\_\_\_ IFC  
\_\_\_\_\_ Manufacturer's Instructions or Listing  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Carbon Dioxide Alternative Fire-Extinguishing Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Type of System: \_\_\_\_\_

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. Certification of System Installation: Complete this section after system is installed, but prior to conducting operational acceptance tests. Check wiring for opens, ground faults, and improper branching.

This system installation was inspected and was found to comply with the installation requirements of:

NFPA 12  
 Article 760 of National Electrical Code  
 NFPA 72  
 Manufacturer's Instructions  
 Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

NFPA 12  
 Design Specifications  
 NFPA 72  
 Manufacturer's Instructions  
 Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Halon System Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. Certification of System Installation: Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 72  
\_\_\_\_\_ NFPA 12A  
\_\_\_\_\_ Article 760 of the National Electrical Code  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 72  
\_\_\_\_\_ NFPA 12A  
\_\_\_\_\_ Design Specifications  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Clean Agent Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____
Type of System:	_____		
Location of Plans:	_____		
Location of Owner's Manual:	_____		

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests. Check wiring for opens, ground faults, and improper branching.

This system installation was inspected and was found to comply with the installation requirements of:

- \_\_\_\_\_ NFPA 2001
- \_\_\_\_\_ Article 760 of National Electrical Code
- \_\_\_\_\_ NFPA 72
- \_\_\_\_\_ Manufacturer's Instructions
- \_\_\_\_\_ Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

- \_\_\_\_\_ NFPA 2001
- \_\_\_\_\_ Design Specifications
- \_\_\_\_\_ NFPA 72
- \_\_\_\_\_ Manufacture's Instructions
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Kitchen Hood Suppression System Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____
Type of System:	_____		
Location of Plans:	_____		
Location of Owner's Manual:	_____		

1. **Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 13 or NFPA 17A  
\_\_\_\_\_ IFC and IMC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify: FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. **Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 13 or NFPA 17A  
\_\_\_\_\_ Design Specifications  
\_\_\_\_\_ IFC and IMC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Standpipe Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

- 1. Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

This system installation was inspected and found to comply with the installation requirements of:

- \_\_\_\_\_ NFPA 14
- \_\_\_\_\_ IFC and IBC
- \_\_\_\_\_ Manufacturer's Instructions
- \_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

- 2. Certification of System Operation:** All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

- \_\_\_\_\_ NFPA 14
- \_\_\_\_\_ IFC and IBC
- \_\_\_\_\_ Manufacturer's Instructions
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Fire Alarm Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. Certification of System Installation: Complete this section after system is installed, but prior to conducting operational acceptance tests. Check wiring for opens, ground faults, and improper branching.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 72  
\_\_\_\_\_ Article 760 of NEC  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 72  
\_\_\_\_\_ Design Specifications  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Fire Pump Installation Certification

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

Date: \_\_\_\_\_

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____

Location of Plans: \_\_\_\_\_

Location of Owner's Manual: \_\_\_\_\_

1. Certification of System Installation: Complete this section after system is installed, but prior to conducting operational acceptance tests. Check wiring for opens, ground faults, and improper branching.

This system installation was inspected and found to comply with the installation requirements of:

\_\_\_\_\_ NFPA 20 and National Electric Code  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify; FM, UL, etc.) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

2. Certification of System Operation: All operational features and functions of this system were tested and found to be operating properly in accordance with the requirements of:

\_\_\_\_\_ NFPA 20 and National Electric Code  
\_\_\_\_\_ Design Specifications  
\_\_\_\_\_ Manufacturer's Instructions  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

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