

AFFIDAVIT OF INSTALLATION & TESTING FOR SMOKE AND CARBON MONOXIDE ALARMS

This affidavit is to be completed at the time of the testing of the project's required smoke and/or carbon monoxide alarms. It is permitted to modify this form as required to provide a more complete and/or clear record. Insert **N/A** on all unused lines. Attach additional sheets, data, or calculations as necessary to complete form.

Form Completion Date: _____ DOB Job/Application No.: _____

1. PROPERTY INFORMATION

Property Owner: _____

Address: _____

Phone: _____ Email: _____ Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: _____ License No.: _____

Address: _____

Phone: _____ Email: _____ Other: _____

3. ALARM TYPE(S)

Check all devices that have been installed as part of this application and provide the quantity of the installed devices.

- Smoke alarm (battery operated) Qty. _____
- Smoke alarm (hard-wired) Qty. _____
- Carbon monoxide alarm (battery operated) Qty. _____
- Carbon monoxide alarm (hard-wired) Qty. _____
- Combined Smoke/CO alarm (battery operated) Qty. _____
- Combined Smoke/CO alarm (hard-wired) Qty. _____

4. STATEMENT & SIGNATURES

I, _____ as having the following relationship to the property above:
(print name)

Check the applicable box: Owner Registered Design Professional Licensed Electrician
swear or affirm under penalty of perjury that the required smoke and carbon monoxide alarm devices have been installed and tested in the above premises in complete accordance with all applicable Codes and regulations.

Name (please print): _____

Signature: _____

Date: _____

