

Certification of Fire Detection and Alarm System for Class 1a Buildings (Dwellings)

Planning and Regulation

A1. Land Description

Lot No	<input type="text"/>	Section	<input type="text"/>	DP/NPP/SP	<input type="text"/>
Unit/Street No	<input type="text"/>	Street	<input type="text"/>		
Suburb/Town	<input type="text"/>				

A2. Owners Details

Owner

A3. Approval Reference Number

DA No	<input type="text"/>	CC No	<input type="text"/>	CDC No	<input type="text"/>
-------	----------------------	-------	----------------------	--------	----------------------

A4. Certification Details

I being a qualified licensed electrical contractor,

hereby certify that I have installed the automatic fire detection and alarm system at the abovementioned premises in accordance with the following requirements:

Smoke Alarms – complying with AS3786-2014 or listed in the SSL Register of Accredited Products, have been connected to the 240V mains electrical power having standby power, being installed in the following locations:

- (a) in any storey containing bedrooms – between each area containing any bedrooms and the remainder of the dwelling, including any hallway associated with the bedroom or in each bedroom; and
- (b) any storey not containing bedrooms

A5. Details of Certifier

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>
License Number	<input type="text"/>		

Certification of Fire Detection and Alarm System for Class 1a Buildings
(Dwellings)
Planning and Regulation

A6. Applicants Declaration

I declare that all the information in this application is true and correct.

Applicants Name (please print)	<input type="text"/>		
Applicants Signature	<input type="text"/>	Date	<input type="text"/>