

# SMOKE ALARM CERTIFICATION

Date:

Application Number :- DA/CC/CDC ..... / .....

I, ..... (full name) being the licenced electrician and responsible installer, hereby certify that the smoke alarm/s located as follows:

..... (specify room locations)

at ..... (property address)

have been selected, located, connected and installed in accordance with:

- **AS 3786 - 1993** - Smoke Alarms,
- **AS 3000 – 2007** – Electrical Installations, and
- **Part 3.7.2** of Volume 2 of the National Construction Code Series (BCA)

Number of alarms .....

Date of test

Company name .....

Signature .....

Licence number .....