## BUREAU OF FIRE PREVENTION

## FIRE ALARM AND CENTRAL STATION INSPECTION UNIT

9 MetroTech Center, Brooklyn, NY 11201; Phone: 718.999.2498 Fax: 718.999.2892

- The following form shall be completed and signed by the Principal of an authorized company.

| •                 | -   |          |          | the Fire Alarm and Central Station Inspection Unit.  Be Fire Alarm Inspection and Central Station Inspection | Unit at 718.999.2498. |
|-------------------|---|----------|----------|--|-----------------------|
|                   |   |          | AFFIDA   | AVIT OF COMPLIANCE   |                       |
| Now th            | is  | _ day of | , 2 0    | , the undersigned, being first duly swor   | n, deposes and says:  |
|                   | info  |          |          | rsonal knowledge of the facts stated he<br>to me as a duly authorized owner, partr                           |                       |
|                   |   |          | (Name of | Corporation, LLC, sole proprietorship or partnership)  | _                     |
| 2.                | I am authorized to make this affidavit on behalf of:  |          |          |  |                       |
|                   | (Name of Corporation, LLC, sole proprietorship or partnership)  |          |          |  |                       |
| 3.                | I state and affirm that the scope of work performed by:   |          |          |  |                       |
|                   | (Name of Corporation, LLC, sole proprietorship or partnership)  |          |          |  |                       |
|                   | at(Premises Information: Building No., Street, Borough, ZIP)  has been limited to programming of an excipting along transmitter and did not involve the   |          |          |  |                       |
|                   | has been limited to programming of an existing alarm transmitter and did not involve the replacement of equipment. The installation of alarm transmitter meets the standards of the respective chapters of the NYC Building and Fire Codes, or variance granted thereto. Further, I state and affirm that the fire $\square$ alarm / $\square$ supervisory / $\square$ trouble signal transmission to and receiving at: |          |          |  |                       |
|                   | (Name of Approved Central Station) has been verified and meets the standards of the respective chapters of the NYC Building and Fire Codes, or variance granted thereto.  |          |          |  |                       |
| 5.                | Further, I certify under penalty of perjury that the statements above are complete, true and accurate to the best of my knowledge and belief.   |          |          |  |                       |
| Title: _          |   |          |          | Notarization   |                       |
| Signed: _         |   |          |          | State of New York, County of:  |                       |
| Name (p           | rint):  |          |          | Sworn to or affirmed under penalty of perjury  | — Notary Seal         |
| S-97 License No.: |   |          |          | day of 20  |                       |
|                   |   |          |          | Notary Public Signature  |                       |
| Da                | ate: _  |          |          |  | -                     |