



OBERON COUNCIL

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INSTALLATION CERTIFICATE FIRE ALARM SYSTEM

Oberon Council
PO Box 84
OBERON NSW 2787

APPLICATION NO: _____

Date: _____

I _____ of _____
Name (Please Print) (Address)

_____ certify that I am a qualified licensed electrician (Lic. No. _____). I installed and tested an automatic smoke alarm system that complies with A.S. 3786 or is listed in the S.S.L. Register of accredited products. The appropriate requirements of Part 3.7.2 of the Building Code of Australia have been adhered to and the alarm system is connected to the mains power supply and multiple alarms are interconnected.

There are(Number) of Smoke Alarms in the building.

(Brand, Model Name and kw Rating)

Owners
name _____

Installation
Address _____

Development Application No. _____ on _____
in strict accordance with the manufacturer's instructions.

.....
(Signature)

Privacy and Personal Information Act 1998

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