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 form must be typewritten and furnished to the Fire Alarm and Central Station Inspection Unit.*
- *Please direct questions about this affidavit to the Fire Alarm Inspection and Central Station Inspection Unit at 718.999.2498.*

AFFIDAVIT OF COMPLIANCE

Now this ___ day of _____, 2 0 ___, the undersigned, being first duly sworn, deposes and says:

1. I make this affidavit from my personal knowledge of the facts stated herein or upon information and facts available to me as a duly authorized owner, partner, corporate or LLC officer of:
    _____
    <p align="center">(Name of Corporation, LLC, sole proprietorship or partnership)</p>

2. I am authorized to make this affidavit on behalf of:
    _____
    <p align="center">(Name of Corporation, LLC, sole proprietorship or partnership)</p>

3. I state and affirm that the scope of work performed by:
    _____
    <p align="center">(Name of Corporation, LLC, sole proprietorship or partnership)</p>

    at _____
    <p align="center">(Premises Information: Building No., Street, Borough, ZIP)</p>
    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.

4. Further, I state and affirm that the fire □ alarm / □ supervisory / □ trouble signal transmission to and receiving at:
    _____
    <p align="center">(Name of Approved Central Station)</p>
    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: _____

Signed: _____

Name (print): _____

S-97 License No.: _____

Date: _____

Notarization

State of New York, County of:

_____

Sworn to or affirmed under penalty of perjury

_____ day of 20_____

Notary Public Signature

_____

Notary Seal