

Principal Certifying Authority
Local Certification Services Pty Ltd
Email: info@localgroup.com.au

SMOKE ALARM CERTIFICATION (CLASS 1 & 10)

ADDRESS: _____

REFERENCE NUMBER: _____

Dear Sir or Madam,

With reference to the project mentioned above, I hereby certify that the smoke alarms have been installed in accordance with Australian Standard AS 3786, Building Code of Australia, Volume 2 Part 3.7.2 and any relevant conditions of the development consent.

I am appropriately qualified and experienced to provide the certification for this component of the project.

Signature

Accreditation No., Licence No. or Qualification

Print Name

Date of Inspection or Work Carried Out

Phone Number

Email Address