



Ethan Berkowitz
Mayor

ANCHORAGE FIRE DEPARTMENT

Fire Prevention
4700 Elmore Road
Anchorage, Alaska 99507
Phone (907) 267-4900



Denis LeBlanc
Fire Chief

Fire Alarm Installation Affidavit

Installation of fire alarm systems governed by NFPA 72 shall be in compliance with State of Alaska Administrative Code 13AAC50.035 "A company designing, installing, testing, or maintaining fire alarm signaling systems, or automatic fire suppression systems must employ sufficient personnel who hold valid permits in the appropriate classifications under this section to provide **direct oversight and supervision** of work being performed on the fire systems".

The installation of conduit, wiring and device termination and shall be performed by one of the following:

- **State of Alaska Fire Alarm Permit IB or IC;** direct oversight and supervision of personnel that are not licensed
- **State of Alaska Fire Alarm Permit 1B-Special;** cannot supervise other personnel, must be an Alaska Journeyman electrician
- **State of Alaska Electrical Administrator;** direct oversight and supervision of unlicensed personnel

"**direct oversight and supervision**" means that a company must have sufficient personnel **on site** with appropriate permits to inspect and certify that work being performed on system is in compliance with applicable laws, product listings, and manufacturer's installation instruction for each phase of installation and the functional checkout of the system. 13AAC50.035

Select all that apply for fire alarm system installation (Not for programing or fire alarm certification):

State of Alaska Electrical Administrator

Printed name _____ License # _____ Exp. _____

State of Alaska Fire Alarm Permit IB/IC or IB-Special (provide additional personnel on separate sheet of paper)

Printed name _____ License # _____ Exp. _____ Permit type _____

Printed name _____ License # _____ Exp. _____ Permit type _____

Printed name _____ License # _____ Exp. _____ Permit type _____

Printed name _____ License # _____ Exp. _____ Permit type _____

Building Owner:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Installation Site:

Building Name: _____

Contact Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor performing installation:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

State of Alaska Business License # _____

Municipality of Anchorage Contractors License # _____

Contractor performing final certification:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

State of Alaska Business License # _____

Municipality of Anchorage Contractors License # _____

Failure to comply will result in fines and fees per Anchorage Municipal Code Title 23.

Acknowledgement

I, _____ as an authorized representative for _____
(Installing company name) have carefully read this policy, understand its contents, certify the following listed personnel above
have the required State of Alaska licensing for installation of fire alarm system at _____
(installation site address) and acknowledge that I am responsible for compliance with all Federal State and Municipal laws.

Signature: _____ Date: _____

State of Alaska

Anchorage Recording District

The foregoing instrument was acknowledge before me this _____ day of _____, 20____, by

(Printed Name of Fire Alarm Installer)

Notary Signature: _____

My commission Expires: _____