

Sprinkler System Certification Form

*This form must be filled out by a licensed Sprinkler Contractor **only** when the Sprinkler System is in full compliance and returned to the Department of Buildings & Regulatory Compliance. A separate form must be submitted for each Sprinkler System.*

Address: _____
Contact Person: _____ Contact Phone: _____
Inspector: _____

This is to certify that the above referenced Sprinkler System located at the above referenced address in the City of Albany, NY, has been inspected and found to be in compliance with the Building Code of New York State and the National Fire Prevention Association (NFPA) No. 25.

I hereby certify that I have read the instructions and examined this form and know the same to be true and correct.

Signature of Inspector

Date

Company