



AFFIDAVIT OF INSTALLATION & TESTING FOR SMOKE AND CARBON MONOXIDE ALARMS

This affidavit is to be completed at the time of the testing of the project's required smoke and/or carbon monoxide alarms. It is permitted to modify this form as required to provide a more complete and/or clear record. Insert N/A on all unused lines. Attach additional sheets, data, or calculations as necessary to complete form.

Form Completion Date: 10/09/2023

DOB Job/Application No.: Q00926950

1. PROPERTY INFORMATION

Property Owner: ERALED SAKIQI

Address: 26-15 12th STREET, ASTORIA NY 11102

Phone: 9173998321

Email: eraldsakiqi@gmail.com

Other:

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: QEC ELECTRICAL SERVICE CORP

License No.: 12165

Address: 31-10 37th AVENUE, SUITE 500 LIC NY 11101

Phone: 7183929898

Email: DKOSTARIDIS@YAHOO.COM

Other:

3. ALARM TYPE(S)

Check all devices that have been installed as part of this application and provide the quantity of the installed devices.

- ☐ Smoke alarm (battery operated) Qty. _____
- ☐ Smoke alarm (hard-wired) Qty. _____
- ☐ Carbon monoxide alarm (battery operated) Qty. _____
- ☐ Carbon monoxide alarm (hard-wired) Qty. _____
- ☐ Combined Smoke/CO alarm (battery operated) Qty. _____
- ☒ Combined Smoke/CO alarm (hard-wired) Qty. 6

4. STATEMENT & SIGNATURES

I, Konstantinos Kostaridis as having the following relationship to the property above:
(print name)

Check the applicable box: ☐ Owner ☐ Registered Design Professional ☒ Licensed Electrician
swear or affirm under penalty of perjury that the required smoke and carbon monoxide alarm devices have been installed and tested in the above premises in complete accordance with all applicable Codes and regulations.

Name (please print): Konstantinos Kostaridis

Signature:

Date: 10/09/2023

SEAL ONLY REQUIRED FOR
HARD-WIRED INSTALLATIONS

P.E./R.A./Licensed Electrician Seal