



AFFIDAVIT OF INSTALLATION & TESTING FOR SMOKE AND CARBON MONOXIDE ALARMS

This affidavit is to be completed at the time of installation of smoke and carbon monoxide alarms. It is permitted to modify this form on all unused lines. Attach additional copies of this form to the original form.



and/or carbon monoxide d/or clear record. Insert complete form.

Form Completion Date: _____ DOB Job/Application No.: _____

1. PROPERTY INFORMATION

Property Owner: Laura Reuter
 Address: 9 Locust Ave
 Phone: 718 496-5112 Email: Lauraannreuter@gmail.com Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: GB ELECTRICAL CORP. License No.: 11505
 Address: 1874 CLOUD RD ST NY 10304
 718 Phone: 815-1900 Email: GAELECCO@AOL.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. 3

4. STATEMENT & SIGNATURES

I, GARY BEYAR 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): GARY BEYAR
 Signature: [Signature]
 Date: 9/20/23

SEAL ONLY REQUIRED FOR HARD-WIRED INSTALLATIONS

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



AFFIDAVIT OF INSTALLATION & TEST SMOKE AND CARBON MONOXIDE

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

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DOB Job/Application No.: _____

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