



Nashua Fire Rescue
Fire Marshal's Office
177 Lake Street, Nashua, NH 03060
www.nashuafire.com

Richard W. Wood
Fire Marshal
(603) 589-3460
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FIRE ALARM SYSTEM
DESIGN AFFIDAVIT

Date: _____

Address of Installation: _____
Name _____
Street _____
City, State, Zip _____

Installing Contractor:

Designer: (if different)

Co. Name

Street

City, State, Zip

Tel Fax

Co. Name

Street

City, State, Zip

Tel Fax

The undersigned certifies that the system as designed conforms to the _____ edition of NFPA _____.

If not, areas of non-conformance for which we are applying for a variance are:

I have appropriate design expertise and authority to make this certification.

Attached is a list/copies of relevant training and certification in the field.

Signed: _____

Date: _____

Firm: _____

Telephone: _____

Fax: _____