|  |  |
| --- | --- |
|  |  |
| Property Address |  |
|  |  |
| CC or CDC  Application No. |  |
|  |  |
| Description of Work  Being Certified |  |
| I hereby certify that:  Smoke alarms have been installed adjacent to all bedrooms and any other storey not containing bedrooms, and interconnected where there is more than one alarm, in accordance with AS3786 – 2014 *“Smoke alarms”* and in accordance with Part 3.7.5 *“Smoke alarms”* of the NCC 2019.  I confirm that I am appropriately competent and qualified to certify this element. | |
| Details of the Person  Making the Statement | Name:  Email:  Phone No.:  Licence No.:  Company: |
|  |  |
| Date |  |
|  |  |
| Signature |  |