



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

John F. King, Commissioner

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www.oci.ga.gov

**SPRINKLER CONTRACTOR'S CERTIFICATE OF COMPETENCY
SITE SUPERVISION FORM**

**SAFETY FIRE
ENGINEERING & INSPECTION
GID-352-SF JUL2019**

Use Separate Form For Each Job Site Visit

Facility Name: _____

Project Name: _____

Physical Address: _____

City: _____ **County:** _____ **Zip:** _____

Sprinkler Contractor's Name (Print): _____

Certificate of Competency's or Designee's Printed Name: _____

Certificate of Competency's or Designee's Signature: _____

Certificate of Competency's State License Number: _____

Site Visit Number (1st, 2nd, 3rd, etc...): _____

Total Visits to Date: _____

Date of Visit: _____

**Owner/Owner's Representative/General Contractor/
Representative's Name (Print):** _____

Company Name (Print): _____

Signature: _____

Type of System(s) (Wet, Dry, etc...): _____

NFPA Standards System(s) was designed by: _____

Upon project completion, the Certificate of Competency Holder affirms the installation meets or exceeds all requirements of the Safety Fire Commissioner's Rules and Regulations 120-3-3. This shall be signed by the Certificate of Competency Holder, only.

**Certificate of Competency
Holder's Signature:** _____ **Date:** _____