



**LODI FIRE PREVENTION BUREAU**  
**1 MEMORIAL DRIVE, ROOM 205**  
**LODI, NEW JERSEY 07644**  
**(973) 859-7428**  
**(973) 859-7446 fax**

*Fire Marshal Paul W. Wancko*

**AFFIDAVIT OF SMOKE DETECTOR TEST  
AND FIRE ALARM CERTIFICATION**

*Name of business or address of premise:* \_\_\_\_\_

*Reason for test:*

- Annual Test*
- Failure of System*

*Type of Alarm System:*

- Battery*
- AC*
- Low Voltage*

*This section must be completed for AC or Low Voltage Test*

New Jersey Administrative Code 5:70-3.1, 907.21 of the International Fire Code requires that a certified person check the Smoke Detection and/or Fire Alarm System identified in your business/dwelling on an annual basis. All hard-wired systems in common areas are to activate simultaneously upon activation of the system.

By signing below, you are certifying the inspection has been completed in the above business/dwelling according to the requirements of NFPA 72 and any referenced laws within the state. This will also include tests on any and all Carbon Monoxide detectors within the business/residence.

*NAME OF ALARM COMPANY OR CERTIFIED ELECTRICIAN PERFORMING TEST:*

\_\_\_\_\_

DATE: \_\_\_\_\_

