



FP-007E

# *The Commonwealth of Massachusetts*

*City / Town of* \_\_\_\_\_

Return completed application to the fire department in which the residence is located



## **Smoke and Carbon Monoxide Annual Certificate of Inspection/Maintenance & Testing (527 CMR 1.00 Section 13.10.3.2.1.1)**

**Property Name:** \_\_\_\_\_ **Owner Contact:** \_\_\_\_\_

Property Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Testing Company:** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative \_\_\_\_\_ License No \_\_\_\_\_ Telephone \_\_\_\_\_

### **Problems/Deficiencies Noted**


*This report indicates the smoke and carbon monoxide alarm protection equipment was in working order and in accordance with applicable NFPA standards, and in compliance with the State Fire Code.*

Inspector _____	Name of Owner/Representative _____
Date _____ Time _____	Date _____ Time _____
Signature _____	Signature _____

### **Notice of Inspection Failure sent to Local Fire Department:**

Dept.: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.