

Certificate of Fitness for Fire Safety

This certifies that the individual or establishment named below has complied with the fire safety standards and is hereby granted this Certificate of Fitness.

Name of Certificate Holder: _____

Address of Premises: _____

Nature of Occupancy/Business: _____

Certificate Number: _____

Date of Issue: _____

Valid Until:

Authorized Fire Officer
(Signature Over Printed Name)

Official Seal/Stamp

Note: This Certificate is issued subject to compliance with all applicable fire safety laws, rules, and regulations. Any violation may cause revocation of this certificate.