



OFFICE OF COMMISSIONER OF INSURANCE

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

Georgia Safety Fire Commissioner
Sprinkler Contractor's Certificate of Competency
Site Supervision Form
(Use Separate Form For Each Job Site Visit)

SEVENTH FLOOR, WEST TOWER
FLOYD BILDING
2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GEORGIA 30334
404-656-2056 TDD# 404-656-4031
www.gainsurance.org

Facility Name: _____

Project Name: _____

Physical Address: _____

City: _____ County: _____

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)

C of C's Signature: _____