KNOX COUNTY FIRE PREVENTION BUREAU
FIRESTOP SYSTEM CERTIFICATE OF COMPLETION

PROJECT NAME: _____ PERMIT NUMBER: _____

ADDRESS: _____ DATE: _____

GENERAL CONTRACTOR: _____

LISTED AND TESTED FIRE STOP SYSTEMS SPECIFIED FOR THIS PRODUCT

ELECTRICAL	PLUMBING	SPRINKLER	MECHANICAL	ALARM SYSTEM	CONSTRUCTION GAP/JOINTS

CONTRACTOR CERTIFICATION

I HEREBY CERTIFY THAT THE MATERIALS AND METHODS SPECIFIED BY THE AFOREMENTIONED LISTED AND TESTED FIRESTOP SYSTEM DESIGNS WERE USED FOR ALL TRADE RELATED FIRESTOP SYSTEMS AT THIS PROJECT. ANY FIRESTOP SYSTEM CHANGES REQUIRE A REVISION TO THIS FORM TO BE SUBMITTED.

ELECTRICAL	PLUMBING	SPRINKLER	MECHANICAL	ALARM SYSTEM	CONSTRUCTION GAP/JOINTS
Company Name	Company Name	Company Name	Company Name	Company Name	Company Name
Responsible Person (print)	Responsible Person (print)	Responsible Person (print)	Responsible Person (print)	Responsible Person (print)	Responsible Person (print)
Signature	Signature	Signature	Signature	Signature	Signature
Date	Date	Date	Date	Date	Date