



Office of the State Fire Marshal  
 Missouri Department of Public Safety  
 Division of Fire Safety  
**CERTIFICATION OF ELECTRIC WIRING**

		Facility ID Number	
Facility Name		Email Address	
Address (Street, City, Zip Code)			County
Facility Type <input type="checkbox"/> RCF-Residential Care Facility <input type="checkbox"/> DCC-Day Care Center <input type="checkbox"/> ALF-Assisted Living Facility <input type="checkbox"/> LE-License Exempt Facility <input type="checkbox"/> FDCH –Family Day Care <input type="checkbox"/> Other <input type="checkbox"/> GH-Group Day Care or Group Home		Attic Wiring Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Facility Wiring/Electric Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner		Administrator	
REMARKS			
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, HAVE MADE AN INSPECTION OF THE ELECTRIC WIRING IN THE ABOVE NAMED FACILITY, AND FIND THAT THE ELECTRICAL INSTALLATION <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) ESSENTIALLY IN COMPLIANCE WITH THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE INSOFAR AS THE INSTALLATION IS CONCERNED, AND IS IN SAFE OPERATING CONDITION.			
Signature		Print Name	Title
Name of Company			Telephone Number
			Date
Address (Street, City, Zip Code)			
Return To:		<b>OFFICE USE ONLY</b> DATE RECEIVED:  DATE REVIEWED:  REVIEWED BY:	