



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334  
(404) 656-2056 TDD# (404) 656-4031  
[www.Gainsurance.org](http://www.Gainsurance.org)

Facility Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Sprinkler Contractor's Name (Print): \_\_\_\_\_

Certificate of Competency's or Designee's Name

(Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Certificate of Competency's State License Number: \_\_\_\_\_

Site Visit Number \_\_\_\_\_ (1st., 2nd., 3rd., etc.,)

Total Visits to Date \_\_\_\_\_

Date of Visit \_\_\_\_\_

Owner or Owner's Representative or 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: \_\_\_\_\_