

**Type FD name and address**

**CERTIFICATION OF ELECTRIC WIRING**

Facility ID Number		
Facility Name	Email Address	
Address (Street, City, Zip Code)	County	
<p><b>Facility Type</b></p> <p><input type="checkbox"/> RCF-Residential Care Facility    <input type="checkbox"/> DCC-Day Care Center</p> <p><input type="checkbox"/> ALF-Assisted Living Facility    <input type="checkbox"/> LE-License Exempt Facility</p> <p><input type="checkbox"/> FDCH –Family Day Care    <input type="checkbox"/> Other</p> <p><input type="checkbox"/> GH-Group Day Care or Group Home</p>	<p>Attic Wiring Approved            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Facility Wiring/Electric Approved    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
Owner	Administrator	
REMARKS		
<p>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.</p>		
Signature	Print Name	Title
Name of Company	Telephone Number	Date
Address (Street, City, Zip Code)		
<p><b>Return To:</b></p>	<p><b>OFFICE USE ONLY</b></p> <p><b>DATE RECEIVED:</b></p> <p><b>DATE REVIEWED:</b></p> <p><b>REVIEWED BY:</b></p>	