



Nashua Fire Rescue
 Fire Marshal's Office
 177 Lake Street, Nashua, NH 03060
www.nashuafire.com

Richard W. Wood
 Fire Marshal
 (603) 589-3460
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AUTOMATIC SPRINKLER SYSTEM **DESIGN AFFIDAVIT**

Date: _____

Address of Installation: _____
 Name _____
 Street _____
 City, State, Zip _____

Installing Contractor: _____
 Co. Name _____
 Street _____
 City, State, Zip _____
 Tel _____ Fax _____

Designer: (if different) _____
 Co. Name _____
 Street _____
 City, State, Zip _____
 Tel _____ Fax _____

The undersigned certifies that the system as designed conforms to the _____ edition of NFPA _____.

If not, areas of non-conformance for which we are applying for a variance are: _____

I have appropriate design certification/expertise and authority to make this certification.

Attached is a list/copies of relevant training and certification in the field.

Signed: _____

Date: _____

Firm: _____

Telephone: _____

Fax: _____