

City of Albany Department of Buildings & Regulatory Compliance  
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# SPRINKLER SYSTEM CERTIFICATION

*(To be used when Sprinkler Registration Forms does not contain certification statement)*

The property owner (or designee) shall fill out this form when a water-based fire protection system is being registered and or renewed which is in the jurisdiction of the City of Albany.

System Address: \_\_\_\_\_

Property Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

This is to acknowledge that the above referenced water-based fire protection system located at the above referenced address in the City of Albany, NY, has been inspected and/or tested as per the annual requirements of NFPA 25. Records of such inspection and/or testing are maintained at the property and will be made available to inspectors upon request.

"I hereby certify that to the best of my knowledge the same to be true and correct".

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_