

**ALLEN FIRE DEPARTMENT  
PRE-TEST CERTIFICATION / INSPECTION REQUEST**

FAX (214) 509-4410  
310 Century Parkway  
Allen, Texas 75013

A pre-test of any system regulated by the Fire Department and that requires acceptance testing or inspection shall be performed with out failure. Once the pre-test has been performed, this certification form shall be submitted to the Allen Fire Department's Fire Inspector prior to the scheduling of any inspections for the regulated system. Note: The Fire Department does not perform partial inspections. Inspections shall be scheduled at least 48 hours in advance.

Please fill out the information completely.

Inspection shall be scheduled only after receipt of this document and must be scheduled 48 hours in advanced.

**Fire Department Permit Number:** \_\_\_\_\_

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

Inspection Address: \_\_\_\_\_

Type of Test: \_\_\_\_\_  
(Sprinkler Hydro, Sprinkler Visual, Fire Alarm, Access Control, etc.)

Date Pre-Tested: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Contractor Contact Person: \_\_\_\_\_

Contractor Contact Number: \_\_\_\_\_

**Request for Inspection: (Please provide name and number for the Fire Department Inspector to call you and set up an inspection on this job.)**

\_\_\_\_\_

*By signing this, I attest that a pre-test has been performed at the above location for the above named system type and found no failures to the functioning of the system. I also attest that the system will be ready to test at the time scheduled. I am aware that any failures to the system or not being ready to test or inspect at the time scheduled with the Fire Department will result in a test/inspection failure and a new pre-test shall be performed and a new inspection scheduled after appropriate re-inspection fees are paid.*

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_