



**CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
ANNUAL CERTIFICATION FOR EMERGENCY AND STANDBY POWER SYSTEMS**

PROPERTY ADDRESS
(BRT Address Required)

TESTING CONTRACTOR
(Name and Address)

License No.

ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

TYPE OF OCCUPANCY:

___ Commercial ___ Residential or ___ Mixed (commercial and residential)

TYPE OF TEST : _____

DATE OF TEST : _____

TYPE OF SYSTEM: ___ Generator ___ Storage Battery System

___ Dual Service (include testing criteria and results)

FIRE PUMP : ___ NO ___ Yes (Electric ___ or Diesel ___)

Maximum output of the system was _____ amps. The generator ran for _____ minutes under full load operating conditions.

This system was tested in accordance with the operational inspection and testing procedures established in both the Philadelphia Fire Code section F-604 and the applicable sections of NFPA 110 or 111.

COMMENTS:

TEST CONDUCTED/WITNESSED BY (Print and sign name) _____

EMAIL ADDRESS _____

PHONE NUMBER _____

ELECTRICAL CONTRACTORS LICENSE# : (3516) _____ OR,

MANUFACTURER'S REP. LICENSE# (Commercial Activity License #) _____