



**MIAMI-DADE COUNTY, FLORIDA**

**BURGLAR ALARM CERTIFICATION PROGRAM  
 INSPECTION AFFIDAVIT AND VERIFICATION FORM  
 RELATING TO INSTALLATIONS OF SYSTEMS IN EXISTING RESIDENTIAL UNITS**

**FOR PERMIT NUMBER:** \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**PROPERTY OWNER AFFIDAVIT:**

I have opted to participate in the burglar alarm certification program made available to me by operation of State Law, Miami-Dade County Ordinance 02-175 and Administrative Order 4-120. I understand that I have selected the optional program for performance of inspections by a private provider, and that I may need to allow the Building Official for Miami-Dade County to perform a quality assurance inspection.

<b>INDIVIDUAL</b>	<b>CORPORATION</b>	<b>PARTNERSHIP</b>
_____ Signature:	_____ Print Corporation Name	_____ Print Partnership Name
_____ Print Name:	_____ Signature:	_____ Signature:
_____ Address:	_____ Print Name:	_____ Print Name:
_____ _____	_____ Its:	_____ Its:
	_____ Address: _____	_____ Address: _____
_____ _____	_____ _____	_____ _____
_____ Telephone No.:	_____ Telephone No.:	_____ Telephone No.:

<b>INDIVIDUAL</b>	<b>CORPORATION</b>	<b>PARTNERSHIP</b>
STATE OF FLORIDA COUNTY OF MIAMI-DADE Before me, this ____ day of _____, 20__, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.	STATE OF FLORIDA COUNTY OF MIAMI-DADE Before me, this ____ day of _____, 20__, personally appeared _____, a _____ <b>corporation</b> , who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	STATE OF FLORIDA COUNTY OF MIAMI-DADE Before me, this ____ day of _____, 20__, personally appeared _____, a _____ <b>partnership</b> , who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.
(SEAL)	(SEAL)	(SEAL)
____ Personally known ____ or Produced Identification	____ Personally known ____ or Produced Identification	____ Personally known ____ or Produced Identification

**INSTRUCTIONS**

This report of Inspection can only be submitted relating to burglar alarm systems installed in existing residential units (single family residences, duplex, townhouse, condominium or apartment).

Once the final inspection has been completed, a copy of this completed inspection report is to be submitted to the Electrical Inspection Supervisor for review and finalization of the permit.

**AFFIDAVIT**

**Electrical Inspection** performed by:

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
License Number

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

I have confirmed that the above individual is duly authorized by law to perform the electrical inspection, have valid license and maintain the license in active status throughout the project. I assume full responsibility for the inspection of the Burglar Alarm for compliance with all provisions of the technical codes, including the Florida Building Code acknowledging that the Department of Regulatory and Economic Resources will rely on the truth and accuracy of this statement. I hereby certify that the following affiant is dully authorized to perform inspections pursuant to Section 553.791 Florida Statue and holds the appropriate license or certificate of insurance commensurate with the construction value of the project.

I am submitting to the Building Official this inspection report and a certification. I further state, the work has been completed and I hold no financial interest in the construction.

**AFFIANT FOR ELECTRICAL**

\_\_\_\_\_   
PRINT NAME

\_\_\_\_\_   
SIGNATURE AND SEAL

\_\_\_\_\_   
REGISTRATION NUMBER