INSTALLATION & COMMISSIONING CERTIFICATE

ADDRESS:						
PROJECT:						
I,		0	f			
	(Name)			(c	ompany)	
(Address) My Qualifications, accreditations, licenses are as follows:						
Qualifications	Í	,				
and						
Experience:						
Phone Numbers:	Bus:		Fax:		Mob:	
Hereby certify:						
That the following elements / service/s or works have been inspected during construction:						
•						
Have been installed/completed/commissioning in accordance with the following measures/requirements to comply with:						
a) The relevant clauses of the Building Codes of Australia 2019 Amend 1, as follows:						
•						
b) The relevant Australian Standards listed in the Building Code of Australia 2019 Amend 1 (Specification A1.3) as follows:						
•						
•						
 c) The following additional Australian Standards (if applicable): • 						
d) Other practices, standards or reports (Fire Safety Engineers reports, Disabled Access						
reports or the like) relied upon or that alter the BCA or Australian standards listed for this certification:						
•						
e) Exclusions: YES / NO						
I am a properly qualified person and have a good working knowledge of the standards referenced above. The information contained in this statement is true and accurate to the						
referenced above. best of my knowled		ation containe	d in this stat	ement is tri	ue and ac	curate to the
Signature:				Date:		