



# OFFICE OF COMMISSIONER OF INSURANCE

**JOHN W. OXENDINE**  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL

**Georgia Safety Fire Commissioner**  
**Sprinkler Contractor's Certificate of Competency**  
**Site Supervision Form**  
(Use Separate Form For Each Job Site Visit)

SEVENTH FLOOR, WEST TOWER  
FLOYD BILDING  
2 MARTIN LUTHER KING, JR. DRIVE  
ATLANTA, GEORGIA 30334  
404-656-2056 TDD# 404-656-4031  
www.gainsurance.org

Facility Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Sprinkler Contractor's Name (Print): \_\_\_\_\_

Certificate of Competency's or Designee's Printed Name : \_\_\_\_\_

Certificate of Competency's or Designee's Signature: \_\_\_\_\_

Certificate of Competency's State License Number: \_\_\_\_\_

Site Visit Number (1st, 2nd, 3rd, etc.,) \_\_\_\_\_

Total Visits to Date \_\_\_\_\_

Date of Visit \_\_\_\_\_

Owner/Owner's Representative/General Contractor/  
Representative's Name (Print): \_\_\_\_\_

Company Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Type of System(s) (Wet, Dry, etc.): \_\_\_\_\_

NFPA Standards System(s) was designed by: \_\_\_\_\_

Upon project completion the Certificate of Competency Holder affirms the installation meets or exceeds all requirements of the Safety Fire Commissioner's Rules and Regulations 120-3-3. (This shall be signed by the Certificate of Competency Holder, only)

C of C's Signature: \_\_\_\_\_