FIRE-RATED JOINT & PENETRATION AFFIDAVIT

Project Name / Address: _____

Permit number: _____

I, _____, the qualifying agent for the company noted below, HEREBY CERTIFY that all penetrations through walls, ceilings, floors and other barriers resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts and penetrations from similar building service equipment installed in connection with the above permit have been protected by approved fire rated materials or assemblies meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM) E814, or UNDERWRITERS' LABORATORIES (UL) 1479, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications, and are in compliance with the Florida Building Code.

I FURTHER CERTIFY that all joints installed in or between fire-resistance rated walls, floor or floor/ceiling assemblies and roofs or roof/ceiling assemblies have been protected by an approved fire-resistant joint system meeting the acceptance criteria of ASTM E1966, or UL 2079, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications, and are in compliance with the Florida Building Code.

I ALSO CERTIFY that all voids created at the intersection of the exterior curtain wall assemblies and fire-resistance rated floor/ceiling assemblies and/or roofs or roof/ceiling assemblies, if applicable, have been sealed with an approved system meeting the acceptance criteria of ASTM E2307, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications, and are in compliance with the Florida Building Code.

_____	_____	
Print Name & Title	Signature	Date
_____	_____	
Company	Telephone	Email

SWORN AND SUBSCRIBED before me by _____, being personally known to me ( ) or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

_____		
Signature of Notary	Print Name	Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: _____