

Report of Completion on Dangerous Goods Premises

Submit to : **Fire Services Department
Licensing & Certification Command,
3/F, Fire Services Department Kwai Chung Office Building,
No. 86 Hing Shing Road, Kwai Chung,
New Territories.**

Name of Licensee	
Category of DG Licence	
Premises Address	
FSD VD File Reference No.	FP 33 /

Verification Inspection Request	<i>Note : Please tick the box as appropriate</i> <input type="checkbox"/> Mechanical Ventilating System <input type="checkbox"/> Electrical Installation (include FSI Circuit)
Document Enclosed with this Report of Completion	<i>Note : Please tick the box as appropriate</i> <input type="checkbox"/> System / Equipment Layout Drawing (Numbered : _____) <input type="checkbox"/> Equipment Schedule <input type="checkbox"/> Certificate of Conformity <input type="checkbox"/> Others (Please specify : _____)

Contractor Certification : (This section must be completed by contractor) <i>I have checked the mechanical ventilating system and / or electrical installation at the above premises and confirmed it in full compliance with FSD requirements.</i>	
Name of Contractor :	Authorised Signature or Company Chop :
Name of Responsible Person :	
Date of Checking :	
Licensee Authorisation : (This section must be completed by licensee and tick the box as appropriate) <input type="checkbox"/> I do not appoint any person and I will attend in person during inspection. <input type="checkbox"/> I hereby authorise _____ (name & tel. no.) to act on my behalf of this application submission and representing me during inspection.	
Name of Licensee :	Signature of Licensee :
Contact Tel. No. :	Date :

MUST submit original copy of this report to confirm