

Report of Completion on Ventilating System

Submit to : **Fire Services Department
Licensing & Certification Command,
5/F, Fire Services Headquarters Building,
No. 1 Hong Chong Road, Tsim Sha Tsui East, Kowloon.**

Name of Licensee	
Licence Type of Application	
Premises Address	
FSD VD File Reference No.	FP 33 /

Verification Inspection Request	<i>Note : Please tick the box as appropriate</i> <input type="checkbox"/> Initial inspection <input type="checkbox"/> Follow-up inspection; and the previous inspection date is :
Document Enclosed with this Report of Completion	<i>Note : Please tick the box as appropriate</i> <input type="checkbox"/> Checklist certified by a Registered Specialist Contractor on ventilating system <input type="checkbox"/> Drawing (Numbered : _____) Plan <input type="checkbox"/> Material test report or certificate <input type="checkbox"/> Annual Inspection Certificate

Contractor Certification : (This section must be completed by contractor) <i>I have checked the ventilating system 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>I do not appoint any person and I will attend in person on ventilation inspection.</i>	
<input type="checkbox"/> <i>I hereby authorise _____ (name & tel. no.) to act on my behalf of this application submission and representing me during inspection.</i>	
Name of Licensee :	Signature of Licensee :
Contact Tel. No. :	Date :

MUST submit original copy of this report to confirm