



ELECTRICIAN CERTIFICATION FORM

Name of Facility being certified: _____

Address of Facility being certified: _____

_____ Number of Computers _____ Type of Internet Connectivity

_____ Number of Surge Strips

_____ I certify that this facility has the electric power capacity to meet its electric power needs.

_____ I certify that the surge strip configuration at this facility meets fire safety code requirements.

Name of Certifying Company: _____

Electrician's Name: _____ License Number: _____

Electrician's Signature: _____ Date: _____



HEATING, VENTILATING AND AIR CONDITIONING CERTIFICATION FORM

Name of Facility being certified: _____

Address of Facility being certified: _____

_____ Number of Computers _____ Type of Internet Connectivity

_____ I certify that this facility has an adequate heating, ventilating and cooling system.

HVAC Company Name: _____

HVAC Contractor: _____

HVAC Contractor Signature: _____

Date: _____