|  Property Information |  | Contractor or Licensed Owner Information |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Name |  |  |
| Address |  | Address |  |  |
|  |  | City | St. | Zip |
| City | License \# | Phone |  |  |
| Contact Person | $\square$ SFM | Job \# |  |  |
| Phone | $\square$ CSLB | Misc. |  |  |


| Item | AES <br> Form \# | Date <br> Found | Date <br> Corrected |  |
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| I hereby certify that the fire protection equipment listed above has been corrected in accordance <br> with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable. |  |  |  |
| :--- | :---: | :--- | :--- |
| Building Representative | Technician |  |  |
| \begin{tabular}{l\|l|l|l|}
\hline
\end{tabular} |  |  |  |
| Signature | Date | Signature | Date |
|  |  |  |  |

