



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION**  
**Office of the State Fire Marshal**  
 P.O. Box 944246 SACRAMENTO,  
 CA 94244-2460 (916) 568-2993  
 Website: [www.osfm.fire.ca.gov](http://www.osfm.fire.ca.gov)



## LOCAL FIRE AUTHORITY – ACCESS APPROVAL

Agency & Project Name \_\_\_\_\_

Address: \_\_\_\_\_

GovMotus Control Number: \_\_\_\_\_

Pursuant to CCR Title 19 §3.00 and §3.05, the California State Fire Marshal is requesting certification from the local fire authority that the above sections are met to their satisfaction.

This form shall be scanned to the accompanying fire access plan reflecting all items under consideration, and wet signed by the local fire authority. Please complete all applicable items based on scope. California State Fire Marshal project approval may be delayed until this form is completed and returned. If you have any questions, please contact the California State Fire Marshal Plan Review Section at (916) 568-2993.

Approved	Yes	No
<b>Fire Department Access</b>		
<b>Fire Department Connection</b>		
<b>Fire Hydrant</b>		
<b>Fire Alarm Annunciator</b>		
<b>Fire Alarm Control Panel</b>		
<b>Knox Box</b>		
<b>Emergency Responder Radio Coverage</b>		
<b>Medical Emergency Service Elevator</b>		
<b>Fire Service Access Elevator</b>		
<b>Bi-Directional Amplification (BDA) Systems</b>		

**Local Fire Authority:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Approval issued by:** \_\_\_\_\_

**Rank/Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_