



REQUEST FOR INSPECTION

Completed form and supporting documentation to be emailed to fire.safety@nt.gov.au

Area / Lot Number * : /

Applicant to complete this section				
Inspection Type: *	Partial <input type="checkbox"/> Final <input type="checkbox"/>			
Date: *				
Applicant's Name: *		Email Address: *		
Building/Tenancy Number:		Report Number: *	/	- D
Premises Name:				
Premises Address: *				
Inspection/Arrangements				
Work Complete: *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signature: *	
Details of Certifier				
Name: *		Company: *		
Address:				
Phone Number: *		Email Address: *		
Quote to be issued to: * <input type="checkbox"/> Certifier <input type="checkbox"/> Applicant (a quote will be sent to the person indicated here, correct email address must be provided. If applicant details are not provided, the quote will be sent to the Certifier)				
NTFRS to complete this section				
Inspection Number (please circle)				
01	02	03	04	05
Date _____	Date _____	Date _____	Date _____	Date _____
Comments:				
Signed: _____			Date: _____	

* denotes mandatory field