FIRE-RATED JOINT & PENETRATION AFFIDAVIT  

Project Name / Address:  

Permit number:  

I, __________________________________, the qualifying agent for the company noted below,  
HEREBY CERTIFY that all penetrations through walls, ceilings, floors and other barriers resulting  
from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts and  
penetrations from similar building service equipment installed in connection with the above  
permit have been protected by approved fire rated materials or assemblies meeting the  
acceptance criteria of AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM) E814, or  
UNDERWRITERS’ LABORATORIES (UL) 1479, or other approved testing standard, and have been  
installed by qualified persons in accordance with the manufacturer’s specifications, and are in  
compliance with the Florida Building Code.  

I FURTHER CERTIFY that all joints installed in or between fire-resistance rated walls, floor or  
floor/ceiling assemblies and roofs or roof/ceiling assemblies have been protected by an  
approved fire-resistant joint system meeting the acceptance criteria of ASTM E1966, or UL  
2079, or other approved testing standard.  

_________________________________________        __________________________  __________________  
Print Name & Title                                Signature                  Date  

_________________________________________        __________________________  __________________  
Company                  Telephone                  Email  

WITNESS:  

_________________________________________  __________________________  
Print Name                  Signature  

WITNESS:  

_________________________________________  __________________________  
Print Name                  Signature  

SWORN AND SUBSCRIBED before me by ________________________________, being personally known to me ( ) or  
having produced as identification ________________________________, and who being fully sworn and cautioned,  
states that the foregoing is true and correct to the best of his/her knowledge and belief.  

_________________________________________        __________________________  __________________  
Signature of Notary                  Print Name                  Date  

Notary Public:  NOTARY PUBLIC STAMP BELOW        My Commission Expires:  __________________