



SEMINOLE TRIBE OF FLORIDA  
TRIBAL INSPECTOR' DEPARTMENT  
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## 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 standards, 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, and have been installed by qualified persons in accordance with the manufacturer's specifications and are in compliance with Florida Building Code.

I ALSO CERTIFY that all voids created at the intersection of the exterior curtain wall assemblies and fire-resistance-rated floor/ceiling assemblies and/or roofs or roof/ceiling assemblies, if applicable, have been sealed with an approved system meeting the acceptance criteria of ASTM E2307, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications and are in compliance with Florida Building Code.

Print Name & Title \_\_\_\_\_ Signature / Date \_\_\_\_\_

Company \_\_\_\_\_ Telephone / Email \_\_\_\_\_

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: \_\_\_\_\_