

Deaf/Hard of Hearing Smoke Alarm Program

803.896.9825 | FIRESAFESC@LLR.SC.GOV

For deaf/hard of hearing residents of South Carolina, this program provides technology to supplement smoke alarms. Technology commonly known as a “bed shaker,” works with smoke alarms to notify deaf/hard of hearing individuals of a possible life-threatening fire emergency.

Once qualified, an applicant’s information is forwarded to his/her local fire department. The South Carolina Office of State Fire Marshal will support the local fire department to fulfill the request.

Qualifying Standards

An interested applicant must meet the following three criteria:

- Be six (6) years of age, or older, at the time of request
- Be a permanent resident of South Carolina
 - Acceptable forms of identification to establish residency
 - Current [South Carolina Department of Motor Vehicle’s Driver’s License](#) (SCDL)
 - Current [South Carolina Department of Motor Vehicle’s Identification Card](#) (SCID)
 - Current [SC Voter’s Registration Card](#) (SCVRC)
- Deaf/hard of hearing certification by one of the licensed medical professionals listed below (see application portion)
 - Audiologist
 - Physician
 - Physician’s Assistant
 - Advanced Practicing Registered Nurse
 - Speech-Language Pathologist
 - Hearing Instrument Specialist

Questions or to remit applications

South Carolina Office of State Fire Marshal
Community Risk Reduction Section

Attention: Community Risk Reduction Team

141 Monticello Trail

Columbia, SC 29203

Phone: 803-896-9825

FAX: 803-896-9806

Email: FireSafeSC@llr.sc.gov

Right to Fair Treatment: *The South Carolina Office of State Fire Marshal will not discriminate against an individual because of color, race, sex, age, national origin, religion, marital status, political beliefs, or disability.*

Privacy Notice: *The South Carolina Office of State Fire Marshal will follow the privacy practices of section 30-4-40 (a) (2) of the South Carolina Code of Laws Ann. (1978 as amended).*

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Applicant Complete the “applicant” portion. Afterwards, send the form to a licensed professional certifier as listed below for certification.

Certifier Complete the “certifier” portion. The applicant is requesting a costly specialized smoke alarm that, in the event of smoke alarm activation, will vibrate his/her bed. Please verify the applicant is deaf/hard of hearing for distribution of this device.

Applicant

Last Name	Middle	First
Email	Date of Birth	Phone (optional)
Address	City	State Zip County
Circle ID Type: SCDL, SCID, or SCVRC	Signature	Date

Certifier

Last Name	First
Email	Phone
Address	City State Zip County
Company Name	State License or Certification Number
Signature	Date

Acceptable Licensed Profession

- | | |
|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Advanced Practice Registered Nurse (APRN) |
| <input type="checkbox"/> Doctor/Physician | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Physician Assistant (PA) | <input type="checkbox"/> Hearing Instrument Specialist |

Internal SC OSFM Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date of Receipt:	Processed by:	
Fire Department	Chief	Phone

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