

## **SMOKE ALARM REQUEST FORM**

Smoke alarms give early notification to individuals of a possible life-threatening fire emergency. For South Carolina residents, the Smoke Alarm Program provides life-saving smoke alarm technology.

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.

### **Did you know?**

- You should have a working smoke alarm on every level of your home, inside every sleeping area (to include the living room), and outside every sleeping area.
- A smoke alarm, the entire device, should be replaced every 10 years.
- Alarms with 10-year sealed batteries, lasting for the life of the alarm, are preferred. Otherwise, batteries should be changed once a year.
- Alarms should be checked monthly by pressing the test button.
- Consult [FireSafe.SC.Gov](http://FireSafe.SC.Gov) for more information.

### **Qualifying Standards**

An interested applicant must 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)



Alarm Program  
803.622.2015 | FIRESAFESC@LLR.SC.GOV

## SMOKE ALARM REQUEST FORM

### Applicant

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Tell us about your home:

*\*check all that apply\**

<u>Number of Bedrooms:</u>	<u>Stories or Levels:</u>	<u>Structure Type:</u>	<u>Ownership:</u>	<u>Is anyone in the home:</u>
1	1	Single Family Dwelling	Rental property	Under 5 yrs old
2	2	Mobile Home	Owner-occupied	Age 65 or older
3	3	Duplex		Have a disability
4		Apartment		
5		Other		
6 or more bedrooms				

### Questions or to remit applications

**South Carolina Office of State Fire Marshal**  
Attn: Community Risk Reduction Team  
141 Monticello Trail  
Columbia, SC 29203  
Phone: 803-622-2015  
FAX: 803-896-9806  
Email: [FireSafeSC@llr.sc.gov](mailto:FireSafeSC@llr.sc.gov)

**Internal SC OSFM Use Only** ☐ Approved ☐ Denied

Date of Receipt: \_\_\_\_\_ Processed by: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

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