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)
  *If applicant is a minor, please submit a copy of the parent/guardian’s identification.
- 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:

Date of Birth: Email: Phone:

Physical Address: City: Zip: County:

Signature: Date:

SC ID Number: Circle ID Type: SCDL, SCID, or SCVRC

Certifier
Last Name: First:

Email: Phone:

Address: City: State: Zip: County:

Company Name: State License or Certification Number:

Signature: Date:

Acceptable Licensed Profession
☐ Audiologist ☐ Advanced Practice Registered Nurse (APRN)
☐ Doctor/Physician ☐ Speech-Language Pathologist
☐ Physician Assistant (PA) ☐ Hearing Instrument Specialist

Internal SC OSFM Use Only ☐ Approved ☐ Denied

Date of Receipt: Processed by:

Fire Department Chief Phone