

## 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](https://www.fire-safe.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)

**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              |                   | A veteran, military member, or military family member |
| 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: 803-896-9825  
 FAX: 803-896-9806  
 Email: [FireSafeSC@llr.sc.gov](mailto:FireSafeSC@llr.sc.gov)

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

**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).