

BARBADOS FIRE SERVICE

FIRE SAFETY INSPECTION AND CERTIFICATE APPLICATION

Name of Applicant/Occupier _____

Business Name _____

Address: 1(*) _____

Address: 2(*) _____

Parish(*) _____

Phone (W) * _____

Cellular _____

Fax (w) _____

Email _____

Type of Business (*) _____

Certificate is needed for: _____

Best Time to Visit (*) (Morning or Afternoon) _____

(NB. Inspection are conducted Mondays through Fridays, between 09:00 and 16:00)

.....
Date

.....
Signature