

**(ITC) INTEGRATED TESTING CO-ORDINATOR INFORMATION**

NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER/S: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ (Date)

**ATTN:** The Corporation of the City of London  
Building Controls  
300 Dufferin Avenue  
London, ON N6A 4L9

**RE: BUILDING PERMIT ADDRESS** \_\_\_\_\_

**UNIT NO.** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_

**DECLARATION:** The under-signed is experienced with fire alarm and safety systems according to CAN/ULC S1001-11 Section 4.2; and I agree to submit the integrated testing plan according to 5.2.3 of this standard.

**At the conclusion of the construction, I will prepare and sign the (ITR) integrated testing report as per 7.3 of CAN/ULC S1001.**

Yours truly,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)