Access Control Installation	Statement Of Compliance
Project name	
Date of practical completion	
Address where the work was carried ou	t
Name of customer	
Postal address of customer	
Name of the company who carried out the certified work	
Postal address of the company who carried out the certified work	
 completion: Has been fully programmed and conceptator. Has been fully tested with any compunsatisfactory results were achieved. Complies with the intent of the control. Complies with the relevant authority. 	requirements. s and codes, the Qld Electrical Safety Act and the
Description of works undertaken and certified. Refer to external documents where required.	
Name of the individual who under took the works and is responsible for the certification.	
Signature of the individual who under took the works and is responsible for the certification.	
ASIAL membership number.	
QBSA licence number.	
Certification date	