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Deaf And Hard Of Hearing Smoke Alarm Request Application

* indicates required field

Available only to residents of North Carolina.

Fire Department Request Form

This Request Form is only to be completed by the Fire departments or County Fire Marshals that identifies a need for a deaf and hard of hearing alarm in their district. If fire department identifies someone that is deaf or cannot hear a smoke alarm with or without hearing devices they can submit the following request form:

Review the [SafeAwake Smoke Alarm Installation Guidelines](#) before completing application.

- I have viewed the [SafeAwake Smoke Alarm Installation Guidelines](#).*
- I agree to install the Deaf and Hard of Hearing Alarm according to manufacturer instructions.*

Contact information of Fire Department/Fire Marshal/EMS requesting and installing alarm

Fire Department/Fire Marshal/EMS*

First Name*

Last Name*

Phone*

Email*

Address*

City*

State*

NC ▾

Zip*

Contact information of person needing alarm

First Name*

Last Name*

Phone*

Address alarm is to be installed*

City*

State*

NC ▾

Zip*

County to be installed*

Choose... ▾

Age*

Race*

Residence Type*

Single Family Duplex Apartment Condominium

If Single Family: Is the residence a mobile home or manufactured home?*

Yes No

Which does the occupant consider themselves?*

Deaf Hard of Hearing

Does occupant wear hearing amplification during waking hours?*

Yes No

If Yes: Is hearing amplification adequate to alert occupant to the sound of a normal smoke alarm?*

Yes No

Does household currently have hearing impaired smoke alarms?*

Yes No

If Yes: What type of system or alarms?*

Does residence have audible only smoke alarms?*

Yes No

Submit

Please contact Angie.Gregg@ncdoi.gov if you need help with this form.

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