

# Hearing Impaired Smoke Alarm Program

803.896.5454 | FIRESAFESC@LLR.SC.GOV

For hearing impaired residents of South Carolina, this program provides technology to supplement smoke alarms. Technology commonly known as a “bed shaker,” works with smoke alarms to notify hearing impaired individuals of a possible life-threatening fire emergency.

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.

## Qualifying Standards

An interested applicant must meet the following three criteria:

- Be six (6) years of age, or older, at the time of request
- 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)
- Certification of hearing impairment by one of the licensed medical professionals listed below (see application)
  - Audiologist
  - Physician
  - Physician’s Assistant
  - Advanced Practicing Registered Nurse
  - Speech-Language Pathologist
  - Hearing Instrument Specialist

## Questions or to remit applications

**South Carolina Office of State Fire Marshal  
Community Risk Reduction Section**

Attention: Anthony Scoggin  
141 Monticello Trail  
Columbia, SC 29203  
Phone: 803-896-5454  
FAX: 803-896-9806  
Email: [FireSafeSC@llr.sc.gov](mailto:FireSafeSC@llr.sc.gov)

**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:** *The South Carolina Office of State Fire Marshal will follow the privacy practices of section 30-4-40 (a) (2) of the South Carolina Code of Laws Ann. (1978 as amended).*

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**Applicant** Complete the “applicant” portion. Afterwards, send the form to a licensed professional certifier as listed below for certification.

**Certifier** Complete the “certifier” portion. The applicant is requesting a costly specialized smoke alarm that, in the event of smoke alarm activation, will vibrate his/her bed. Please verify the applicant’s hearing impairment for distribution of this device.

**Applicant**

Last Name	Middle	First
Email	Date of Birth	Phone (optional)
Address	City	State    Zip    County
Circle ID Type: SCDL, SCID, or SCVRC		Signature    Date

**Certifier**

Last Name	First
Email	Phone
Address	City    State    Zip    County
Company Name	State License or Certification Number
Signature	Date

**Acceptable Licensed Profession**

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist              | <input type="checkbox"/> Advanced Practice Registered Nurse (APRN) |
| <input type="checkbox"/> Doctor/Physician         | <input type="checkbox"/> Speech-Language Pathologist               |
| <input type="checkbox"/> Physician Assistant (PA) | <input type="checkbox"/> Hearing Instrument Specialist             |

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

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