

**APPLICATION FOR
COMMERCIAL COOKING EXHAUST SYSTEM SERVICING COMPANY CERTIFICATE****Submit completed form and submit all attachments to:****Director of Licensing
Bureau of Fire Prevention
Fire Department – City of New York
9 MetroTech Center – Room 1S -1C
Brooklyn, NY 11201-3857**

Instructions: This application must be completed by an owner or principal of the company. Please make sure to fill out every field accurately as all fields are required to qualify. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee of \$105 for original applications and \$50 for renewal applications. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fee is required after 30 days.

☐**ORIGINAL**☐**RENEWAL (Include Certificate Comp. # _____)****Approved companies will receive an official letter from the FDNY after review.****Section A – Applicant Information****Company Name:** _____**Address:** _____**Telephone Number:** _____**Fax Number:** _____**Name of Owner or Principal Completing Application:** _____**EMAIL ADDRESS** _____

Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action
(P.O. Box not acceptable)

Name**Address****City****Zip Code****Section B – Company Owners and Principals****1. PROFESSIONAL EXPERIENCE/ CERTIFICATE OF FITNESS**

Please list experience of all company principals and officers including their employers or company affiliation for past 5 years in this commercial cooking exhaust servicing system. Attach additional sheets as necessary.

One or more of the owners or principals must possess a Z-64 Certificate of Fitness from the FDNY to proceed.

Owner 1 - _____

Title _____

Company _____ Date From _____ To _____

Duties _____

COF #: _____ Include copy of Z letter

Issuance Date: _____

Owner 2 - _____
Title _____
Company _____ Date From _____ To _____

Duties _____

COF #: _____ Include copy of Z letter

Issuance Date: _____

Owner 3 - _____
Title _____
Company _____ Date From _____ To _____

Duties _____

COF #: _____ Include copy of Z letter

Issuance Date: _____

**2. FEDERAL, STATE OR LOCAL LICENSES ISSUED TO COMPANY, PRINCIPALS OR OFFICERS
IN THE PAST 5 YEARS RELATING TO Commercial Cooking Exhaust Servicing Systems?
(list agency, license name, type of license and dates)**

**3. LIST ALL VIOLATIONS, JUDGEMENTS, CONVICTIONS AND PENALTIES
ISSUED AGAINST THE COMPANY, PRINCIPALS OR OFFICERS IN THE PAST 5 YEARS**

4. LIST ALL FDNY PERMITS ISSUED TO THE COMPANY, PRINCIPAL OR OFFICERS

Section C - Will your company be servicing Precipitators?☐ YES☐ NO

Proof of having received satisfactory training from the manufacturer or from the manufacturer's representative must be included.

MANUFACTURER /SOURCE_____
DATE_____
PERSON OBTAINING TRAINING_____
MANUFACTURER /SOURCE_____
DATE_____
PERSON OBTAINING TRAINING_____
MANUFACTURER/SOURCE_____
DATE_____
PERSON OBTAINING TRAINING**Section D – Company Employees (NOT PRINCIPALS OR OWNERS)**

1. List the name, and Certificate of Fitness number of all individuals who will be performing **COMMERCIAL COOKING EXHAUST SYSTEM SERVICING** and attach a copy of his/her Certificate of Fitness or Z letter. Attach additional sheets as necessary.

NAME: _____
COF: _____NAME: _____
COF: _____NAME: _____
COF #: _____NAME: _____
COF #: _____NAME: _____
COF: _____NAME: _____
COF: _____NAME: _____
COF #: _____NAME: _____
COF #: _____NAME: _____
COF: _____NAME: _____
COF: _____NAME: _____
COF #: _____NAME: _____
COF #: _____

Section E – Insurance The minimum of a \$ 500,000 policy with the FDNY being co-named on the policy is required. Include copy of the policy in your application. The policy must be issued by an approved insurance company that is licensed to do business in New York State and has a A.M. Best rating of A- or better.

Termination or expiration of the policy will automatically terminate your company's approval.

Insurance Company Name: _____ **Amount of Insurance:** \$ _____

Address: _____ **Issuance Date:** _____

_____ **Expiration Date:** _____

RATING _____

AMB Six Digit Number _____
(Can be found at www.ambest.com/ratings)

Section F– Oath or Affirmance and Acknowledgement

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that this company certificate, if issued, is subject to the requirements of Fire Code 115 and 115-01.

I also affirm that I will notify the FDNY in writing within 24 hours of changes regarding this form.

NAME

DATE