

FIRE DEPARTMENT – CITY OF NEW YORK

APPLICATION FOR CENTRAL STATION COMPANY MONITORING

5/11

Submit completed form and 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* for the application fee of \$3500 for original applications and \$2500 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. There will be additional fees including inspectional beyond this application fee.

ORIGINAL

RENEWAL (Include Certificate Comp. # _____)

Approved companies will receive an official letter from the FDNY after review.

SECTION A – APPLICANTS INFORMATION

Company Name:

Address:

Telephone Number:

Fax Number:

List Name(s) of Corporate Principal(s) Completing Application:

_____, _____, _____

EMAIL ADDRESS

_____ @ _____, _____ @ _____

If your business is located outside of NYC, you must list an Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action. (P.O. Box not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal papers if required)

Name

Address

City

Zip Code

**CERTIFICATE OF COMPLIANCE REFERENCING THE UAFX CATEGORY FROM
UNDERWRITERS LABORATORIES OR FACTORY MUTUAL (documentation must be attached)**

U.L. Applicant I.D. # _____

U.L. Service Center # _____

U.L. Expiration Date _____

SECTION B – COMPANY INFORMATION

Item 1 must be answered by all Companies. If your company is located outside of NYC, answer 2.

1. NAMES AND ADDRESSES OF CORPORATE PRINCIPALS or Officers. At least 1 Principal or Officer must obtain a COF (F-40)

Principal #1 & COF #	Principal #2 & COF #	Principal #3 & COF#
_____	_____	_____
_____	_____	_____
_____	_____	_____

If outside of NYC, answer these items

2. LISTING FOR FIRE ALARM TRANSMITTER MAINTENANCE AND SERVICE FROM UNDERWRITERS LABORATORIES OR FACTORY MUTUAL. (documentation must be attached) (If required by geographic distance)

U.L. Applicant I.D. # _____
U.L. Service Center # _____
U.L. Expiration Date _____

SECTION C – CONVICTION RECORD (to be completed by owner/principal only)

1. Are there any prior convictions and pending charges against you? DO NOT include Parking violations. A guilty plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/ unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES NO

2. Are there any criminal charges pending against you?

YES NO

LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:

DATE OF CONVICTION	TYPE OF OFFENSE	NAME & LOCATION OF COURT	SENTENCE/FINE

Add additional sheets, if necessary

COMMENTS:

SECTION D – CERTIFICATE OF FITNESS HOLDERS

List the minimum of 6 names and Certificate of Fitness numbers for individuals who possess a current F-40 Certificate of Fitness for *Central Station Operator*. (*A minimum of two certificate of fitness holders are required to be on duty on each shift*). *You may provide more names.*

NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF #: _____	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 ACORD summary 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 an 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 Department.

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

SIGNATURE

DATE