

# FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR CENTRAL STATION COMPANY MONITORING

4/15



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. **Do not leave any fields blank, write “NONE” or “N/A”** in fields that do not apply to your company. 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 (**CC 81**) for original applications and \$2500 (**CC 82**) 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 the application fee. Specific questions can be addressed to [pubcert@fdny.nyc.gov](mailto:pubcert@fdny.nyc.gov) or by calling 718-999-1988.

**Original**     **Renewal**     **Modify Existing**    (Include Certificate Comp. #          )

**Companies will receive an official letter from the FDNY after review.**

### Section A – Applicants Information

**Company Name:**

\_\_\_\_\_

**Address:**

**City:**

**State:**

**Zip Code:**

\_\_\_\_\_

**Public Telephone Number:**

**Fax Number:**

\_\_\_\_\_

\_\_\_\_\_

**List name(s) of corporate principal(s) completing the application:**

\_\_\_\_\_

**Public 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 documents if required)**

**Name:**

**Address:**

**City:**

**Zip Code:**

\_\_\_\_\_

**Certificate of compliance referencing the UUFEX 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.**

**Principal's name:** \_\_\_\_\_ **Principal's name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_  
 \_\_\_\_\_

**COF #:** \_\_\_\_\_ **COF #:** \_\_\_\_\_

**If the company is located outside of NYC, answer these items**

**2. Listing for fire alarm transmitter maintenance and service from Underwriters Laboratories or factory mutual (If required by geographic distance, documentation must be attached)**

*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:**

<b>Date of conviction</b>	<b>Type of offense</b>	<b>Name &amp; location of court</b>	<b>Sentence/fine</b>

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 #: _____
Name: _____	Name: _____
COF #: _____	COF #: _____

## Section E – Insurance

The minimum of a \$ 500,000 policy with the FDNY being co-named or listed as additionally insured on the policy is required. Include copy of ACORD summary of the policy, created within the last 30 days, in your application, including the category type. 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: _____
Rating: _____	Expiration Date: _____

AMB Six Digit Number \_\_\_\_\_  
 (Can be found at [www.ambest.com/ratings](http://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