FA-12: MANAGED FACILITIES VOICE NETWORKS (MFVN) CERTIFICATION FORM

FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892

FDNY USE ONLY

_____
(Received by)

_____
(Date)

The following form shall be completed and signed by the MFVN provider and mailed to Technology Management (Rm. 3W-3). Additional documentation may be required for acceptance of this form. The form must be typewritten and notarized. An accepted copy of this form shall be furnished to the Fire Alarm Inspection Unit at the time of inspection.

1 MFVN PROVIDER INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

2 CERTIFICATION INFORMATION (*Check all items that are applicable or in compliance*):

2A ☐ INITIAL SUBMISSION ☐ RESUBMISSION (*Subsequent revisions must be submitted to the Fire Department*)

MFVN provided by _____ is designed to and meets the following requirements:
(Business Name)

- ☐ Equivalent to dialing, dial plan, call completion, carriage of signals and protocols, and loop voltage.
- ☐ Loop start telephone circuit service interface.
- ☐ Pathway reliability that is assured by proactive management, operation, and maintenance.
- ☐ 8 hours of standby power supply capacity for all MFVN equipment located at the protected premises or field deployed. The MFVN equipment monitors the condition of the standby battery to permit the communications service provider to take appropriate action.
- ☐ 24 hours standby power for MFVN communications equipment located at the communications service provider's central office.
- ☐ Installation of network equipment at the protected premises with safeguards to prevent unauthorized access to the equipment and its connections.
- ☐ Valid authorization to operate in the City of New York as per subsection 3.2 of Technology Management Bulletin # 03-2/2012.

2B STATEMENT BY DOCUMENT PREPARER *(Company Official)*

☐ I have prepared the MFVN certification form and certify that the system as specified herein is being installed and tested according to all requirements cited herein.

Title: _____

Signed: _____

Name (print): _____

Date: _____

Notarization

State of New York, County of: _____

Sworn to or affirmed under penalty of perjury

_____ day of 20_____

Notary Public Signature

Notary Seal