## FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR CENTRAL STATION COMPANY MONITORING

11/2021





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. 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 mailed or in-person delivered to the address above, with a check or money order made payable to the *New York City Fire Department*. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fee are required after 30 days. There will be additional fees including inspectional beyond the application fee. Specific questions can be addressed to <a href="mailto:pubcert@fdny.nyc.gov">pubcert@fdny.nyc.gov</a> or by calling 718-999-1988.

Company Name:	Section A – Applicants	Information	
Address:	City:	State:	Zip Code:
Public Telephone Numbo	er:	Fax Number:	
List name(s) of corporate	e principal(s) completing the app	olication:	
Public Email Address:			_
	(a),	<u></u>	

mutual (documentat	ion must be attached)	· ·	·
U.L. Service Ce	enter #		
	Section B - Co	mpany Information	
Item 1 must be answ	ered by all companies. If yo	our company is located outside of NYC	, answer 2.
1. Names and add	esses of corporate princip	pals or officers.	
Principal's name: _		Principal's name:	
Home Address:		Home Address:	
COF #:		COF #:	· <u>—</u>
2. Listing for fire a mutual (If required U.L. Applicant U.L. Service Co.	by geographic distance, doc I.D. # enter #	nance and service from Underwrite cumentation must be attached)	ers Laboratories or factory
Sec	tion C – Conviction R	ecord (to be completed by owner/pr	incipal only)
relating to the busin	ness or activity relating to or relating to the offering or	judgment, conviction, and penalty iss <i>Central Station Monitoring</i> , or other receiving of a bribe or unlawful gratuit Yes (complete this section); □ No (see the convergence of the con	er activities relating to your ty?
		penalties below (DO NOT include par certificates of disposition. If you are u	
<b>Date of Conviction</b>	Type of Offense	Court Name & Location	Sentence/Fine
		A dd addit	ional shoots if noogsam

Certificate of compliance referencing the UUFX category from Underwriters Laboratories or factory

Add additional sheets, if necessary.

Note: 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.

## 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)				

## Section F – Public Authorities

	tion monitoring for any authority located within the 5 boroughs of NYC3
☐ No (skip this Section F);	
☐ Yes, this company currently provides m	•
• Port Authority of New York and New	
☐ The Port Authority Bus Terminal	
☐ Brooklyn Port Authority	
☐ Howland Hook Marine Terminal	on Staten Island
☐ Bridges and tunnels:	
the Lincoln Tunnel	
the Holland Tunnel	
☐ George Washington Bridge	
☐ Goethals Bridge	
☐ Bayonne Bridge	
<ul> <li>Outerbridge Crossing Bridge</li> </ul>	;
☐ The PATH rail system	
☐ LaGuardia Airport	
☐ John F. Kennedy International Air	rport
☐ World Trade Center	
☐ Queens West	
☐ Other:	
• Metropolitan Transportation Author	rity (MTA) facilities/locations:
☐ Bridges and Tunnels:	
☐ Robert F. Kennedy Bridge	
☐ Throgs Neck Bridge	
☐ Verrazzano-Narrows Bridge	
☐ Bronx-Whitestone Bridge	
☐ Henry Hudson Bridge	
☐ Marine Parkway-Gil Hodges	<u> </u>
☐ Cross Bay Veterans Memoria	al Bridge
☐ Hugh L. Carey Tunnel	
Queens Midtown Tunnel	
☐ LIRR Terminal(s): Specify the ter	
☐ Metro-North Railroad Terminal(s	): Specify the terminals
☐ Subway systems	
☐ Other: please specify:	
☐ Battery Park City Authority facility Specify the locations/facilities:	ties/locations
Saatian C. Oat	th on Affirmance and Asking will decrease
Section G – Oat	th or Affirmance and Acknowledgement
I also affirm that this company certificate,	e and could be persecuted under penalty of perjury. , if issued, is subject to the requirements of Fire Department. In writing within 24 hours of any changes regarding this form.
Signature	 Date
5151141411	Dute