<u>Certificate of Fitness Alternative Issuance Procedure</u> <u>Professional Certification of Fire</u> <u>Alarm System Design</u> <u>S-86 Affirmation Form</u>

(Used by Individual Applicants only. <u>COMPLETE</u> all information requested) *This form must be completed by the applicant for the application to be valid.*

SECTION 1: INFORMATION OF REGISTERED DESIGN PROFESSIONAL (You must attach the copy of the documentation along with your application, see Section 6)		
Company name:		
Company address:		
City	State Zip Code	
Name of Registered I	Design Professional:	;
Professional Engir	neer 🗆 Registered Architect	
Email :	;	
Contact phone #:		
Last 4 digits of SSN: X Mailing address:	(XX-XX	
City	State Zip Code	
1. NYS Professional E	ne following qualifications: ngineer License holder rofessional Engineer (P.E.) license	
Name:	P.E. license number:	;
	;	
-	chitect License holder egistered Architect (R.A.) license	
Name:	R.A. license number:	;
Expiration Date:	;	

SECTION 2: DECLARATION

By signing this form, I hereby certify the following conditions:

I, ______, hereby certify that I am a current NYS Licensed Registered Design Professional (Registered Architect/Professional Engineer). I declare that I am trained and knowledgeable in the design of fire alarm system in accordance with the following codes, rules, and standards:

- NYC Fire Code and Rules: FC Chapter 9 and Rules §104-02, §104-04, and §105-01
- National Fire Protection Association Standards
- NYC Building Code
- NYC Electrical Code
- All other laws, rules and regulations applicable to the design of fire alarm system including prior codes and standards.

I understand that the purpose of the S-86 Certificate of Fitness is to authorize professional certification of fire alarm design in accordance with the 2022 Fire Code FC104.2.1 and Fire Department rule 3 RCNY 104-02. By signing a professional certification for fire alarm design, I will be representing that any fire alarm system submission has been designed in accordance with all applicable requirements including but not limited to, the Building Code, Fire Code, Electrical Code, and NFPA standards. I personally will submit all documents to the FDNY to ensure the integrity of all submitted documents.

I understand that any certification will be made pursuant to my Professional License and the S-86 certificate. I also understand that this certification is being made in place of a Fire Department plan review. Accordingly, the Fire Department, the building owner and the public are relying on my certification that the fire alarm system has been designed in accordance with all applicable NYC codes and standards.

I understand that all professional certifications for fire alarm design are subject to audit. I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my Professional License. I understand that I will notify the FDNY within 24 hours of my Professional License expiring. I understand that I may not submit any certification if my Professional license (NYS P.E./R.A.) is expired.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a New York City employee, or for a New York City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips. I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

SECTION 3: NYC EMPLOYEES

I. Are you currently employed by a NYC government agency?

 \Box Yes \Box No

If yes, you are responsible for seeking approval from the NYC Conflict of Interest Board for permission for private employment if you are an active New York City government employee. (Exception: not applicable for New York City government employee who is submitting this application on behalf of their agency.)

II. Has it been at least one (1) year since your NYC employment separation date?□ Yes □ No

If no, you are responsible for seeking and obtaining written approval from the NYC Conflict of Interest Board for permission.

SECTION 4: PHOTO REQUIREMENT

A recent photo (2x2 head shot) in JPG or JPEG format. File name should be named with applicant's first and last name.

SECTION 5: APPLICATION FEE AND PROCEDURES

The application and fee for this certificate is **\$25**. The application and fee must be submitted online.

Instructions for online application and payment can be found here:

https://www.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals.pdf

SECTION 6: CHECKLIST OF ALL SUPPORTING DOCUMENTS NEEDED

This check list should be used to review if you have prepared and scanned the following materials that are required to be uploaded to submit your application online:

- $\hfill\square$ This completed application form.
- \Box Copy of your NYS license listed in Section 1.
- \Box A recent photo in JPG or JPEG format.

SECTION 7: STATEMENTS & SIGNATURES

Use the following link (or use the QR code) to APPLY ONLINE: <u>http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-</u> <u>short.pdf</u>



I understand that I am legally bound by what is stated in this application and all contents will be responsible for any false statements or inaccurate information. I hereby swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

Applicant's print name

Applicant's signature

Date _____