

FORM FA-15

FDNY USE ONLY



**FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM AND CENTRAL STATION INSPECTION UNIT**

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

(Received by)

(Date)

FIRE ALARM SYSTEM CERTIFICATION FORM

- The following form shall be signed by the Design Professional of Record and furnished to the Technology Management Unit.
- Additional documentation may be required for acceptance of this form (A copy of the S-97/S-98 Certificate of Fitness card, a copy of the Letter of Approval, etc.)
- The form must be typewritten and notarized.

1	PREMISES INFORMATION (All fields must be completed):		
Building No: _____		Street Name: _____	
Borough: _____		NY	ZIP: _____
Block: _____		Lot: _____	Bin: _____
Building Height: _____ ft.		Footprint _____ sq. ft.	Building Stories: _____
Construction Classification: _____		Occupancy Classification: _____	Mixed Use Building: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	OWNER INFORMATION (All fields must be completed):		
Last Name: _____		First Name: _____	Business Telephone: _____
Business Name: _____		Business Fax: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
E-Mail: _____		Mobile Telephone: _____	
3	APPLICANT INFORMATION (All fields must be completed):		
Last Name: _____		First Name: _____	License Number: _____
Business Name: _____		Business Telephone: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
Choose one: <input type="checkbox"/> P. E. <input type="checkbox"/> R. A		E-Mail: _____	
4	FIRE ALARM SYSTEM INFORMATION (Check all items that are applicable):		
Installation Date: _____		Building Code in Force: <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968	Make and Model: _____
Type of Fire Alarm Control Panel (FCS):		<input type="checkbox"/> Coded	<input type="checkbox"/> Conventional <input type="checkbox"/> Multiplexing <input type="checkbox"/> Addressable
Location of Existing Fire Alarm Control Panel (FCS):		_____	
Location and Purpose of any Existing Local Control Unit(s):		_____	
Type of Fire Alarm System (as indicated on the Letter of Approval):		_____	
5	TESTING INFORMATION (Indicate "YES" where a specified component was tested and found to be in working order, "NO" - upon failure):		
		YES	NO
CONTROL EQUIPMENT (FACP, intermediate control units, remote annunciator, distributed control units, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
ALARM INITIATING DEVICES (coverage, sensitivity, alarm verification, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE/VISIBLE APPLIANCES (adequacy of evacuation signal, coverage, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
VOICE COMMUNICATION (adequacy of sound pressure and clarity of PA, amplifier/tone generators, communication devices, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
BUILDING SAFETY FUNCTIONS (elevator recall, fan shutdown, door release, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
CENTRAL OFFICE CONNECTION (off-premises transmission)		<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (primary/secondary power supply, mechanical execution of work, cable and wiring uses, etc.)		<input type="checkbox"/>	<input type="checkbox"/>

(Explain all "NO" answers in the "Comments" section. Where an item may not be applicable, indicate "N/A" and explain in the "Comments" section).

