

# FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR FIRE ALARM SYSTEM INSTALLATION, INSPECTION, TESTING AND SERVICING COMPANY CERTIFICATE



Submit completed form and submit all required supporting documents 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. **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*. Incomplete applications may be resubmitted one time within 30 days after FDNY notification without any additional fee. A new application and fee is required after 30 days. There will be additional fees including inspectional beyond this application fee. Specific questions can be addressed to [pubcert@fdny.nyc.gov](mailto:pubcert@fdny.nyc.gov) or by calling 718-999-1988.

- ☐ **Original (\$105)**
- ☐ **Renewal (\$50, you can skip Section B of this form) (Include Comp. # \_ \_ \_ \_ )**
- ☐ **Modify Existing (Include Comp. # \_ \_ \_ \_ )**

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

### Section A – Applicant Information

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Public Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Name of Owner or Principal Completing 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 is 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:** \_\_\_\_\_

Official Use Only:  
Application fee: Original \$105; Renewal: \$50

## Section B – Company Owners and Principals

**At least one principal of the company must hold an S-97 Certificate of Fitness for Fire Alarm Systems Installation, Inspection, Testing and Service Principal.**

**1. Company Owner/Principal's Name:** \_\_\_\_\_

**S-97 COF #:** \_\_\_\_\_ ☐ N/A\*

*\*If the principal does not hold an S-97 COF:*

The principal must submit the S-97 COF application online before submitting this company application.

The information of the online S-97 application can be found via the following document:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-s97-aip.pdf>

After applying the S-97 online, a confirmation email will be sent. The FDNY COF application ID shown on the email title, the format is "2xxx-COF-xxxxxxxx-APP".

Provide the FDNY COF application ID: \_\_\_\_\_

*. Current/Prior Experience in Fire Alarm Systems Installation, Inspection, Testing and Service Principal*

Company name: \_\_\_\_\_ (Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

Company address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Job duties: \_\_\_\_\_

*. Prior Experience in Fire Alarm Systems Installation, Inspection, Testing and Service Principal*

Company name: \_\_\_\_\_ (Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

Company address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Job duties: \_\_\_\_\_

*==If there are more than one owner or principal, please fill the rest of this section. Attach additional sheets if needed==*

**2. Company Owner/Principal's Name:** \_\_\_\_\_

**S-97 COF #:** \_\_\_\_\_ ☐ N/A\*

**\*If the principal does not hold an S-97 COF, provide the FDNY COF application ID:**  
(refer to the information provided above)

*. Current/Prior Experience in Fire Alarm Systems Installation, Inspection, Testing and Service Principal*

Company name: \_\_\_\_\_ (Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

Company address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Job duties: \_\_\_\_\_

<b>Section C – Facility and Equipment Lists</b>
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List each office location and if any storage of the FA equipment/devices or replacement parts (such as storage of notification appliances/initiating or test kits, or smoke detectors/CO detectors) at this office location which you needed to perform the work. Attach additional sheets if necessary.

Facility: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

State the equipment possessed by the company for engaging in Fire Alarm System Installation, Inspection, Testing, and Servicing (as applicable).

\_\_\_\_\_  
 \_\_\_\_\_

<b>Section D - Conviction Record</b>
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In the past **5 year period**, is there any violation, judgment, conviction, and penalty issued to or entered against you relating to the business or activity relating to *fire alarm installation, inspection, testing and servicing*, or other activities relating to your professional license; or relating to the offering or receiving of a bribe or unlawful gratuity?

☐ Yes (complete this section); ☐ No (skip this section)

List of all violations, judgments, convictions, and penalties below (DO NOT include parking violations), and **attach a copy** of each charge, pleadings, adjudications and certificates of disposition. If you are unsure, list the offense.

Date of Conviction	Type of Offense	Court Name & Location	Sentence/Fine

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 E – License and Permit

- 1. At least one principal or officer of the company holds ONE of the following two licenses (required):**  
☐ NYS registration for “Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems”. (*Attach a copy of the license.*)  
 Licensee’s name: \_\_\_\_\_  
 License expiration date: \_\_\_\_\_  
 or  
☐ Master electrician licensed by the NYC DOB and registered with the New York State. (*Attach a copy of the license.*)  
 Licensee’s name: \_\_\_\_\_  
 License expiration date: \_\_\_\_\_
- 2. Permit (optional) :**  
 List any permits issued to the company, its principals or officers, including the Fire Department account numbers  
 \_\_\_\_\_
- 3. Other license or certificates (optional):**  
 List all other federal, state, or local licenses or certificates issued to such company, its principals or officers, during the past five (5) years, that are related to *fire alarm system installation, inspection, testing and servicing*. **A copy of each such license and certificate shall be included.**  
 \_\_\_\_\_
- 4. List all previous and current affiliations with other FDNY recognized companies (optional):**  
 \_\_\_\_\_

### Section F – Smoke Detector Company Certificates

- Does this company also clean and test smoke detectors?** ☐ No (skip this section);  
☐ Yes, this company also wants to be an FDNY approved Smoke detector maintenance company
- Does this company meet one of the following requirements?** ☐ No; ☐ Yes, check the one that applies:  
☐ **listed by a national testing laboratory as Fire alarm service organization.** (*Attach a copy of listing*)  
 Name of the testing laboratory: \_\_\_\_\_  
 Company latest certified date: \_\_\_\_\_  
 The certificate expiration date: \_\_\_\_\_  
 or  
☐ **an authorized smoke detector service company by a smoke detector manufacturer.** (*Attach a copy of listing*)  
 Name of smoke detector manufacturer: \_\_\_\_\_  
 Company latest certified date: \_\_\_\_\_  
 The certificate expiration date: \_\_\_\_\_

### Section G – Company Employees

List the names and Certificate of Fitness numbers for individuals who possess a current S-98 Certificate of Fitness for *Fire Alarm Systems Installation, Inspection, Testing and Service Technician*. DO NOT LIST principals or owners.

<b>Name:</b> _____ <b>COF #:</b> _____	<b>Name:</b> _____ <b>COF #:</b> _____
<b>Name:</b> _____ <b>COF #:</b> _____	<b>Name:</b> _____ <b>COF #:</b> _____
<b>Name:</b> _____ <b>COF #:</b> _____	<b>Name:</b> _____ <b>COF #:</b> _____

<b>Section H– Insurance</b>
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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:** \$ \_\_\_\_\_  
**Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **RATING:** \_\_\_\_\_ **Six Digit Number** \_\_\_\_\_  
 (Can be found at [www.ambest.com/ratings](http://www.ambest.com/ratings))

<b>Section I– Oath or Affirmance and Acknowledgement</b>
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I hereby affirm that:

- all statements are true and could be persecuted under penalty of perjury.
- this company certificate, if issued, is subject to the requirements of Fire Department
- all facilities of this company are subject to the FDNY inspection. The inspections conducted in connection with original or renewal applications for a company certificate will be conducted at the expense of the applicant.
- I will notify the FDNY in writing within 24 hours of any changes regarding this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date