

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**



**Temporarily- the application can be emailed to Jennifer.McHugh@fdny.nyc.gov
AND GuangZhou.Lin@fdny.nyc.gov. See page 6 for important instructions.**

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 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:

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.

Name: _____	Name: _____
COF #: _____	COF #: _____
Name: _____	Name: _____
COF #: _____	COF #: _____
Name: _____	Name: _____
COF #: _____	COF #: _____

Section H- 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:** \$ _____
Expiration Date: ____/____/____ **RATING:** _____ **Six Digit Number** _____
(Can be found at www.ambest.com/ratings)

Section I- Oath or Affirmance and Acknowledgement

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

Temporary Application Submission Procedure

To expedite your company application, please follow the following steps:

Step 1. Scan the completed fire alarm company application form and ALL required supporting documents.

Step 2. Email all the scanned documents to Jennifer.McHugh@fdny.nyc.gov AND GuangZhou.Lin@fdny.nyc.gov and with subject title “Fire Alarm Company Application”.

Step 3. Mail the original completed company application form and copies of all required supporting document, with a check or money order (\$105) made payable to the New York City Fire Department, to:

Director of Licensing
Bureau of Fire Prevention
Fire Department – City of New York
9 MetroTech Center – Room 1S -1C
Brooklyn, NY 11201-3857