

FIRE DEPARTMENT – CITY OF NEW YORK

APPLICATION FOR PORTABLE FIRE EXTINGUISHER SERVICING

COMPANY CERTIFICATE

1/19



Submit completed form and all attachments 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 to qualify. **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 forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee of \$100 for original applications and \$50 for renewal applications. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. 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 Renewal Modify Existing (Include Certificate Comp. # _ _ _)

Companies will receive an official letter from the FDNY after review.

Section A – Company Information

Company Name:

Address:

City:

State:

Zip Code:

Public Telephone Number:

Fax Number:

1(____) ____-____

1(____) ____-____

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 not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal documents on the company's behalf if required)

Name:

Address:

City:

Zip Code:

Official Use Only:

Application fee: Original \$105 (CC 42); Renewal \$50 (CC 43)

Section B – Conviction Records

1. Are there any prior convictions and pending charges against you? DO NOT include parking violations. 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. If you are unsure, list the offense.

Yes No

2. Are there any criminal charges pending against you?

Yes No

List all convictions and/or pending charges below:

Date of conviction	Type of offense	Name & location of court	Sentence/fine

Add additional sheets, if necessary

Comments:

Section C – Principal’s Experience

3. Principal(s) must possess a minimum of at least 2 years of legally recognized experience in portable fire extinguishing servicing industry. Please list in detail hands on experience including tools & materials used of all company principals and officers including their employers or company affiliation in chronological order starting from the most current position. Attach additional sheets as necessary.

All owners or principals must possess a valid Certificate of Fitness from the FDNY to accompany their experience.

Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address C of F: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval

Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address C of F: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval

Section D – Training

List all training of PFE obtained by principal or owner on behalf of PFE company (attach all documentation) it may be prepared by a manufacturer or other independent source. It may NOT be written directly from the PFE company. Attach additional sheets if necessary.

- I. _____

Manufacturer/Source	Date	Person Obtained Training
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- II. _____

Manufacturer/Source	Date	Person Obtained Training
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- III. _____

Manufacturer/Source	Date	Person Obtained Training
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Section E – Company Employees

List the name, and Certificate of Fitness number of all individuals who will be employed or employed by the company attach a copy of his/her Certificate of Fitness or Z letter. Attach additional sheets as necessary.

- | | |
|--------------|--------------|
| Name: _____ | Name: _____ |
| COF #: _____ | COF #: _____ |
| Name: _____ | Name: _____ |
| COF #: _____ | COF #: _____ |

Section F - List Each Facility Used by the Company Licensed by the FDNY to Service Extinguishers

List each facility maintained by the company for PFE servicing. Attach additional sheets if necessary.

- | | |
|-----------------|-----------------|
| Facility: _____ | Facility: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

Section G – Vehicles

List details of all vehicles used by your company to conduct daily business operations and responsibilities. Attach additional sheets as necessary.

Vehicle manufacturer: _____ Model Name: _____

Year manufactured: _____ VIN Number: _____

License Plate Number: _____ State of License Plate registration: _____

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: _____ AMB Six Digit Number: _____
(Can be found at www.ambest.com/ratings)

Section I – Zoning

My company complies with pertinent zoning requirements: Yes No

Section J – Oath or Affirmation and Acknowledgement

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that I will follow the contents and materials which are contained in the FDNY Study Booklet W-96.

I also affirm that this company certificate, if issued, is subject to the requirements of Fire Department.

I also affirm that I will notify the FDNY in writing within 24 hours of any changes regarding this form.

Signature

Date

Official Use Only:

Received on ___/___/20___

Reviewed by _____ on ___/___/20___