



FDNY
Bureau of Fire Prevention
Office of Technology Management Unit
Fire Alarm Plan Examination
9 Metrotech Center Brooklyn, NY 11201-3857
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**PROFESSIONAL CERTIFICATION
OF FIRE ALARM SYSTEM DESIGN**

**(PROFESSIONAL CERTIFICATION OF THE DESIGN OF A FIRE ALARM SYSTEM PURSUANT TO FC104.2
AND 3RCNY § 104-02)**

All information must be typed/printed and completed. Forms with missing information will be returned.

Date: _____ Premises Address: _____ Borough: _____

Previous Application Number(s), enter if applicable FPIMS DOB PW1 FDNY BUSINESS Record ID:

The following documents must be submitted for the certification to be reviewed:

- TM-1
- FA riser diagram and floor plans for the proposed Professional Certification work (floor plan layout shall be consistent with proof of occupancy submitted)
- Copy of the Certificate of Occupancy for the premise and/or other applicable documentation, such as an approved Schedule A, approved Schedule of Occupancy, active Temporary Certificate of Occupancy, or a Letter of No Objection (LNO must include all applicable particulars including address, occupancy use and floors)
- Letter of Approval for the fire alarm system being modified
- Asbestos Abatement Compliance forms (ACP-5/ACP7/ACP-20/ACP-21), in buildings constructed prior to April 1, 1987, as documented by the Certificate of Occupancy or equivalent
- Landmark Building/Flood Hazard Area compliance statements, indicated on the FA riser diagram of the submitted FA plans, if applicable to the premises

Base/Core Building Fire Alarm System Approval (Required for application to be processed):

Date of Approval: _____ Application Number of approval: _____

Type of Fire Alarm system being modified:

Fire Alarm System Design Verified by:

Licensed Professional Type (check the one that applies):

- Professional Engineer (PE)
- Registered Architect (RA)

I, _____, hereby certify that I, or qualified employees under my direct supervision have prepared or reviewed the design of the above fire alarm system. I hereby certify that the design, complies with all applicable requirements of the NYC Building Code, NYC Fire Code, NYC Electrical Code, Fire Department Rule 3 RCNY 104-02, and any other applicable rules and regulations.

S-86 COF Holder's Name: _____

S-86 COF Holder's Business Name: _____

S-86 COF Number: _____

S-86 COF Professional License Number: _____

S-86 COF Email: _____

S-86 COF Holder's Signature: _____

Verification Date: _____(mm/dd/yyyy)



NOTICE: All certifications of fire alarm system design are subject to audit. Any person making a false or fraudulent certification will be subject to all applicable penalties provided by law, 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 the false certifier's professional license.