

FIRE DEPARTMENT CITY OF NEW YORK 12/21

APPLICATION FOR AUXILIARY RADIO COMMUNICATION SYSTEM COMPANY CERTIFICATE



Submit completed form and all attachments to:
Executive 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 complete application should be forwarded to the address above, with a check made payable to the New York City Fire Department. The fees are nonrefundable. Incomplete applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fee are required after 30 days. Specific questions can be addressed to pubcert@fdny.nyc.gov or by calling 718-999-1988.

- Original (\$105)
Renewal\* (\$50) Date Inspected: \_\_\_ / \_\_\_ / \_\_\_
(Include Certificate Company. # \_\_\_ \_\_\_ \_\_\_)
Modify Existing (Include Certificate Company # \_\_\_ \_\_\_ \_\_\_)

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

\*Must have radios inspected. Attach the affidavit from the radio shop. Companies will receive an official letter from the FDNY after review. The approval will not allow you to use the radios for any other purpose than to test the Auxiliary Radio System within a building. Further steps are outlined in RCNY 511-01 and Fire Code Section 511.

Section A – Company Information

Company Name:

Address: City: State: Zip Code:

Public Telephone Number: Fax Number:

Name of Owner/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:

**Section B – Company Owners/Principals Processional Licenses and Experience**

At least one principal of the company must hold a **B-03 Certificate of Fitness and the Federal Communications Commission (FCC) General Radiotelephone Operator License**. Please list at least 3 years of work experience related to the installation and/or testing of ARC systems or other relevant work experience related to in-building radio communication systems.

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

FCC General Radiotelephone Operator License #: \_\_\_\_\_ (Attach a copy)

B-03 COF #: \_\_\_\_\_  N/A\*

\*If the principal does not hold a B-03 COF:  
The principal must submit the B-03 COF application online before submitting this company application. The information of the online B-03 application can be found via the following document:  
<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-b03-aip.pdf>  
After applying the B-03 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 Auxiliary Radio Communication System*

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

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

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

•*Prior Experience in Auxiliary Radio Communication System*

**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:** \_\_\_\_\_

FCC General Radiotelephone Operator License #: \_\_\_\_\_ (Attach a copy)

B-03 COF #: \_\_\_\_\_  N/A\*

\*If the principal does not hold a B-03 COF, provide the FDNY COF application ID: \_\_\_\_\_ (refer to the information provided above)

•*Current/Prior Experience in Auxiliary Radio Communication System*

**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=*

**Section C - Conviction Record**

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 *auxiliary radio communication system*, 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 D - B-03 Certificate of Fitness Holders**

List all employees that will perform installations and/or testing on the Auxiliary Radio Communicator System. A minimum of 1 Certificate Holder must be indicated.

|   |   |
|---|---|
| <b>Name:</b> _____<br><b>COF #:</b> _____<br><br><b>Name:</b> _____<br><b>COF #:</b> _____<br><br><b>Name:</b> _____<br><b>COF #:</b> _____ | <b>Name:</b> _____<br><b>COF #:</b> _____<br><br><b>Name:</b> _____<br><b>COF #:</b> _____<br><br><b>Name:</b> _____<br><b>COF #:</b> _____ |
|---|---|

*Note: If the B-03 application has submitted but has not been approved, provide the FDNY COF application ID number for the COF number.*

**Section E - Auxiliary Radio Fee**

RCNY 511-01 mandates each company to pay **\$75 (CC 64) per radio** (maximum of 4). Please indicate the amount of radios that will be purchased by the approved vendor and proof of payment being submitted.

|                  |                 |                 |
|------------------|-----------------|-----------------|
| Number of radios | Total Amount    | Receipt Number: |
| _____            | X\$75= \$ _____ | _____           |

**Section F - Insurance (Provide ACORD summary)**

The minimum of a \$500,000 policy with the FDNY being co-named or listed as additionally insured on the policy is required. Include a copy of the 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: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Issuance Date: \_\_\_\_\_  
Rating: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AMB Six Digit Number: \_\_\_\_\_ (Can be found at [www.ambest.com/ratings](http://www.ambest.com/ratings))

**Section G - 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 this certificate, if issued, is subject to the attached requirements of all applicable provisions in the Agreement Allowing Use of Portable Radios Operating on Fire Department Radio Frequencies for Testing of ARC Systems which holds true for a period of five years.

Prior to installation at any premises, I affirm to submit the Agreement Allowing Use of In-Building Auxiliary Radio Communication System on Fire Department Radio Frequencies signed by the building owner to maintain the company approval and C of F valid.

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

I understand that the FDNY reserves the right to evaluate and distribute my performance as an Auxiliary Radio Communicator.

I understand that this application does not allow me to use the radios for any other purpose than to test the Auxiliary Radio System within a building and further requirements outlined in RCNY 511-01 are to be met including but not limited to obtaining a B-03 C of F.

I have read and have a thorough understanding of the regulation requirements under RCNY Rule 511-01 and Fire Code Section 511.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date