

# FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR PORTABLE FIRE EXTINGUISHER SERVICING COMPANY CERTIFICATE

4/15



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 (\$100 (CC 42) for original applications and \$50 (CC 43) 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](mailto: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 – 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 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 - CONVICTION RECORD (to be completed by owner/principal only)

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 – Company Owners and Principals (Answer 1, 2 & 3)**

1. Does one or more of the owners or principals possess a minimum of two (2) years legally recognized experience in portable fire extinguishing servicing ("PFE Servicing")? \_\_\_\_\_ **(MUST HAVE ANSWERED YES TO PROCEED)**

2. List below each owner and/or principal of the company. For each, attach a copy of their COF, and in the space below, indicate the COF number, the number of years of experience in PFE servicing, and the name of his/her employer(s) at that time and training. List the name and address of any company or person with whom such owner or principal is currently affiliated or has been affiliated during the past five (5) years. Attach additional sheets if needed.

**Owner/Principal Name:** \_\_\_\_\_

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

**COF #:** \_\_\_\_\_

PFE Servicing Experience:

Employer Name/Address: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Owner/Principal Name:** \_\_\_\_\_

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

**COF #:** \_\_\_\_\_

PFE Servicing Experience:

Employer Name/Address: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Current & Prior (Past 5 Yrs.) Affiliations:

Name/Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



**Section F – Insurance**

**The minimum of a \$ 500,000 policy with the FDNY being co-named 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:** \$ \_\_\_\_\_

**Address:** \_\_\_\_\_ **Issuance Date:** \_\_\_\_\_

\_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**RATING** \_\_\_\_\_

**AMB Six Digit Number** \_\_\_\_\_

(Can be found at [www.ambest.com/ratings](http://www.ambest.com/ratings))

**Section G – Zoning**

**My company complies with pertinent zoning requirements:**  **YES**  **NO**

**Section H – 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