

APPLICATION FOR  
CERTIFICATE OF LICENSE FOR MOTOR FUEL STORAGE AND DISPENSING SYSTEMS (W-16)



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



Original (\$145)     Renewal (\$30)     Modify Existing (Include C of L # \_\_\_\_\_)

**Instructions for new applicants:** This application must be completed by an individual prior to taking the exam. You will be contacted once the application is approved. Please make sure to fill out every field accurately as ALL fields are required to qualify. The completed application with the required documents should be forwarded to the address above, with a check or money order made payable to the *New York City Fire Department* for the application fee of \$145 which includes the written exam fee. Specific questions can be addressed to [pubcert@fdny.nyc.gov](mailto:pubcert@fdny.nyc.gov) or by calling 718-999-1993. Upon passing the exam, candidates will receive a C of L valid for 2 years as per FC 114.7.1.

**Instruction for renewal:** Please make sure to fill out the Section A, C, D, E and G accurately. The completed application should be forwarded to the address above, with required documents, a \$30 check or money order made payable to the *New York City Fire Department*.

**Section A – Applicants Information**

**Social Security Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant Last Name:**

**First Name:**

**Middle Intl:**

\_\_\_\_\_

**Applicant Home Address:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Public Email Address:**

\_\_\_\_\_ @ \_\_\_\_\_

## Section B – Experience

In the immediately preceding five (5) year period, you must have worked full-time for at least three (3) years on the installation, alteration, testing or repair of motor fuel storage and dispensing equipment. You must obtain a letter from each employer during this period, containing the dates of your employment and describing the work you performed. The letter must be signed by a Certificate of License holder. In the section below, provide information on this work experience, beginning with the most recent experience, and working backwards. Attach additional sheets of paper if necessary.

Dates Employed ___/___/___ to ___/___/___	Length of Time Emp'd Years    Months	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 Years    Months	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 C – Conviction Record

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	Court Name & Location	Sentence/Fine

Add additional sheets, if necessary.

**Section D – Place of Business**

Are you the owner of the corporation or business?

Yes  No

If YES, attach a copy of an affidavit and proof of voting stock to prove ownership.

**Company Name:**

\_\_\_\_\_

**Company Address:**

\_\_\_\_\_

**City:**

**Zip Code:**

\_\_\_\_\_

**Public Phone Number:** (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**Section E – 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 F - Education**

Attach a copy of your High School Diploma or GED (General Education Diploma).

**Section G – Oath or Affirmance and Acknowledgement**

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

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

**REQUIREMENTS FOR OBTAINING CERTIFICATE OF LICENSE TO INSTALL, ALTER, TEST OR REPAIR  
MOTOR FUEL STORAGE AND DISPENSING SYSTEMS W-16**

Possession of a Certificate of License ("C of L") is required by the New York City Fire Code in order to install, alter, test, and repair storage tanks and dispensing systems for flammable motor fuel (gasoline) or combustible motor fuel (diesel). In order to obtain a C of L, you must submit proof that you meet the requirements listed below, and you must pass the Department's written examination. You may not take the examination until after the satisfactory review of your submissions. You may submit your application and the accompanying submissions by mail or in person to: New York City Fire Department, Attention: C of L Review, Bureau of Fire Prevention, 9 MetroTech Center - 1<sup>st</sup> Floor, Brooklyn, New York, 11201-3857. If you have any questions, please contact (718) 999-1102.

The required materials for pre-approval:

- a. Copy of a photo identification such as a driver's license or passport, or other photo identification satisfactory to the Department to prove your identity and that you are at least 18 years of age.
- b. Valid high school diploma or GED.
- c. Completed and signed W-16 application form  
(<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/certificate-of-license-application.pdf>)
- d. Any documentation that can verify the certification or experience indicated in the W-16 application form above. The W-2 forms (wage and tax statement) and a resume and a letter of recommendation may be a supporting document for work experience.
- e. Recommendation letter(s) signed by the previous/current employer(s) who possesses a W-16 Certificate of License. All the recommendation letters must include:
  - (i) Length of time employed
  - (ii) Job duties in the previous/current company
  - (iii) W-16 Certificate of License name and license number(Find the [valid W-16 C of L holder list](#) :  
<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/approved-companies-motor-fueled-installer.pdf>)
- f. A copy of ACORD summary of an insurance policy not less than \$500,000. The FDNY must be co-named on the insurance policy. The issuance 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.
- g. Application fee: \$145 (a check or money order made payable to the *New York City Fire Department*)

**Test Dates:** After the satisfactory review of your application and the documents submitted, the Department will contact you to make an appointment for the written test.

Applicants must read the Notice of Exam and Study Materials for preparing the exam

- Get W-16 Notice of Exam and Study Materials:

<https://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-w16-noe-study-materials.pdf>