

**Certificate of Fitness Alternative Issuance Procedure**  
**S-61 GASEOUS FIRE EXTINGUISHING SYSTEMS PRINCIPAL**

(Used by Individual Applicants only, PRINT all information requested)

**○ Original (\$25)**

**You must upload the followings materials below while you apply online:**

- This completed and notarized affirmation form.
- All required documents listed in Section 4.
- A recommendation letter with company letterhead.
- A recent photo in JPG or JPEG format.

Please learn how to apply and pay online from the guide below:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-short.pdf>

**○ Renewal (\$15, S-61 COF # \_\_\_\_\_). Only complete section 1, 2, 3, and 4.**

**You must upload this form and all required documents listed in the Section 4.**

Please learn how to renew and pay online from the guide below:

<https://www.nyc.gov/assets/fdny/downloads/pdf/business/cof-renewal-short.pdf>

**○ Update (\$5, S-61 COF # \_\_\_\_\_). Only complete section 1, 2, 3, and 4.**

**You must upload this form and all required documents listed in the Section 4.**

Please learn how to update and pay online from the guide below:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-update-short.pdf>

**SECTION 1: APPLICANT INFORMATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Home mailing address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Experience in the related field: \_\_\_\_\_ years.

**SECTION 2: DECLARATION**

I, \_\_\_\_\_, hereby certify that I am trained and knowledgeable in the following applicable code/rule and the FDNY study material:

- Fire Code: Chapter 9, Section 901 and 904
- National Fire Protection Association Codes and Standards:
  - Aerosol systems: NFPA 2010 (2015 Edition), as modified by Fire Code Appendix B
  - Clean agent systems: NFPA 2001 (2015 Edition), as modified by Fire Code Appendix B
  - Carbon dioxide systems: NFPA 12 (2011 Edition), as modified by Fire Code Appendix B
  - Halon 1301 systems: NFPA 12A (2009 Edition)
- FDNY Study Material: S-16 (when it is available on the FDNY website)

I am thoroughly trained and knowledgeable of the gaseous fire extinguishing systems that my company will install, inspect, maintain, and test. I also understand that I am fully responsible to ensure all S-16 COF holders in my company are fully trained and knowledgeable of the system(s) my company will install, inspect, maintain and test. I also acknowledge that my S-61 COF and all S-16 COF holders employed by my company are dependent upon my valid NYC DOB Master Fire Suppression Piping Contractor Type A or Type C License. I agree to promptly notify the FDNY COF if my DOB license expires or is void/suspended.

I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, 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 my professional license.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.

I also understand that the Fire Department reserves the right to attend any training course and/or audit records in order to monitor compliance with training requirements and the right to call up to test the applicants who are issued by AIP. Applicant who has failed the written exam will not be allowed to take advantage of this policy.

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, I have hereunto affixed my signature and I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: COMPANY INFORMATION**

Company business name: \_\_\_\_\_  
 NYC DOB Master Fire Suppression Piping Contractor License Number: \_\_\_\_\_  
 Company business address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 (Use the same business address as listed by the NYC DOB)  
 Name of Designated FDNY Contact Coordinator: \_\_\_\_\_ ;  N/A  
 Email of Designated FDNY Contact Coordinator: \_\_\_\_\_ @ \_\_\_\_\_ ;  N/A  
 Contact phone # of Designated FDNY Contact Coordinator: \_\_\_\_\_ ;  N/A

**SECTION 4: EDUCATION, LICENSE, AND EXPERIENCE REQUIREMENT**

*(You must upload the copy of the license documentation along with your application)*

- Hold **ONE** of the following certificate or licenses:
- New York City Department of Buildings Master Fire Suppression Piping Contractor License, Type A
  - New York City Department of Buildings Master Fire Suppression Piping Contractor License, Type C

**SECTION 5: RECOMMENDATION LETTER**

All applicants must present a letter of recommendation from the employer. The letter must be on official letterhead, and must state the applicant’s full name, experience and also state that this S-61 COF applicant is the principal/owner of the company.

- Sample of self-employed letter:  
<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-sample-selfrec-letter.pdf>

**SECTION 6: PHOTO REQUIREMENT**

A recent photo (2x2 head shot) in JPG or JPEG format.

**SECTION 7: STATEMENTS & SIGNATURES**

I understand that I am legally bound by what is stated in this application and will be responsible for any false statements or inaccurate information. I hereby solemnly swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

_____ <i>Applicant’s print name</i> _____ <i>Applicant’s signature</i> _____ <i>Date</i>	Notarization <i>(required for individual applicant)</i> State of New York, county of: Sworn to or affirmed under penalty of perjury _____ day of _____ 20____ Notary Signature _____	Notary Seal
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