

# FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR COMMERCIAL COOKING EXHAUST SYSTEM SERVICING COMPANY CERTIFICATE

03/2019



Submit completed form and submit 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 for new applicants:** 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 of \$105 (CC 46) for original applications.

**\*Instructions for renewal:** This application must be completed by an owner or principal of the company. Please make sure to fill out the **all fields except Section B** 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 renewal fee of \$50 (CC 47) 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. Specific questions can be addressed to [pubcert@fdny.nyc.gov](mailto:pubcert@fdny.nyc.gov) or by calling 718-999-1988.

Original     Renewal (skip Section B)     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: \_\_\_\_\_

Official Use Only:  
Application fee: Original \$105; Renewal: \$50



**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

**Section D – Will your company be servicing Precipitators?  YES  NO**

*Proof of having received satisfactory training from the manufacturer or from the manufacturer’s representative must be include*

\_\_\_\_\_  
 Manufacturer /Source Date Person Obtained Training

\_\_\_\_\_  
 Manufacturer /Source Date Person Obtained Training

\_\_\_\_\_  
 Manufacturer /Source Date Person Obtained Training

**Section E – Company Employees (Must list at least one employee)**

List the name, and Certificate of Fitness number of all individuals who will be performing **Commercial Cooking Exhaust System Servicing; cleaning and/or helping** in such operations. Attach a copy of his/her Certificate of Fitness or Z letter. Attach additional sheets as necessary. **DO NOT LIST** principals or owners.

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

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

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

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

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

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

**Section F – Vehicles**

List details of all vehicles used by your company to conduct daily business operations and responsibilities. Attach additional sheets as necessary. **Attach the photos** of all the vehicles showing the vehicles marked with the company name and company certificate number.

Vehicle manufacturer: \_\_\_\_\_ Model Name: \_\_\_\_\_

Year manufactured: \_\_\_\_\_ VIN Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of License Plate registration: \_\_\_\_\_

Vehicle manufacturer: \_\_\_\_\_ Model Name: \_\_\_\_\_

Year manufactured: \_\_\_\_\_ VIN Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of License Plate registration: \_\_\_\_\_

Vehicle manufacturer: \_\_\_\_\_ Model Name: \_\_\_\_\_

Year manufactured: \_\_\_\_\_ VIN Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of License Plate registration: \_\_\_\_\_

**Section G– Insurance**

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

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

**Section H– 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 understand and will follow all instructions outlined in the Frequently Asked Questions and Responses of Commercial Cooking Exhaust System Cleaning accessed through the following link  
<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/nyc-fire-code-guide.pdf>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date