



**FIRE DEPARTMENT  
BUREAU OF FIRE PREVENTION  
FIRE ALARM INSPECTION UNIT**  
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857  
E-MAIL: faiu@fdny.nyc.gov

**REQUEST FOR RECONSIDERATION OF ELECTRICAL DEFECT**

*Submit separate request for each defect you would like to be reconsidered. Must be typewritten. Attach a copy of Letter of Defect.*

**1 Information Required (Applicant Info):**

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_  
 LICENSE NUMBER (R.A., P.E., LICENSED CONTRACTOR – IF APPLICABLE): \_\_\_\_\_ MOBILE TELEPHONE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**2 Defect :(Attach a copy of Letter of Defect and supporting documents)**

DATE OF INSPECTION: \_\_\_\_\_ PW-1 No.: \_\_\_\_\_ CONTROL No.: \_\_\_\_\_ DEFECT ITEM No.: \_\_\_\_\_  
 TEXT OF DEFECT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3 Request for Reconsideration with Justification (State the basis of disagreement with defect supported by respective regulation):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supporting Documents attached?  YES  NO Specify: \_\_\_\_\_

**4 Office Use Only.**

FAIU SUPERVISOR: \_\_\_\_\_ CASE TRACKING No.: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
 COMMENT: \_\_\_\_\_  
 \_\_\_\_\_

THE ABOVE REQUEST FOR RECONSIDERATION IS:  APPROVED  DENIED

COMMENT: \_\_\_\_\_  
 \_\_\_\_\_

MEMBERS OF THE PANEL: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (SIGNATURE) (PRINT NAME) (SIGNATURE) (PRINT NAME) (SIGNATURE) (PRINT NAME)  
 CHIEF OF TECHNOLOGY MANAGEMENT \_\_\_\_\_ (THOMAS PIGOTT)