

FA-12: MANAGED FACILITIES VOICE NETWORKS (MFVN)



**FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT**

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892

FDNY USE ONLY

(Received by)

(Date)

CERTIFICATION FORM

The following form shall be completed and signed by the MFVN provider and mailed to Technology Management (Rm. 3W-3). Additional documentation may be required for acceptance of this form. The form must be typewritten and notarized. An accepted copy of this form shall be furnished to the Fire Alarm Inspection Unit at the time of inspection.

1 MFVN PROVIDER INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

2 CERTIFICATION INFORMATION (Check all items that are applicable or in compliance):

2A INITIAL SUBMISSION RESUBMISSION (*Subsequent revisions must be submitted to the Fire Department*)

MFVN provided by _____ meets the following requirements:
(Business Name)

- Equivalent to dialing, dial plan, call completion, carriage of signals and protocols, and loop voltage.
- Loop start telephone circuit service interface.
- Pathway reliability that is assured by proactive management, operation, and maintenance.
- 8 hours of standby power supply capacity for all MFVN equipment located at the protected premises or field deployed. The MFVN equipment monitors the condition of the standby battery to permit the communications service provider to take appropriate action.
- 24 hours standby power for MFVN communications equipment located at the communications service provider's central office.
- Installation of network equipment at the protected premises with safeguards to prevent unauthorized access to the equipment and its connections.
- Valid authorization to operate in the City of New York as per subsection 3.2 of Technology Management Bulletin # 03-2/2012.

2B STATEMENT BY DOCUMENT PREPARER (*Company Official*)

- I have prepared the MFVN certification form and certify that the system as specified herein has been installed and tested according to all requirements cited herein.

Title: _____
Signed: _____
Name (print): _____
Date: _____

Notarization
State of New York, County of: _____
Sworn to or affirmed under penalty of perjury
_____ day of 20_____
Notary Public Signature

Notary Seal