

RangeHood Inspection / Test Request

* Indicates a Required Field

Contact Person Role * Licensed Master Fire Suppression Contractor
LMFSC Licence # _____

Inspection Type * Rangehood Industrial
Dry Chemical

Contractor Company * _____
DOB License Number * _____
FDNY C of F Number * _____
First Name * _____
Last Name * _____
Phone Number * _____
Email * _____
Name of the Contact person that will be the on-site * _____

Location of Requested Test
Corporation Business Name * _____
Doing Business As (DBA) * _____
Street Address * _____
Borough * _____
Zip Code * _____

Type of Test Requested * Initial Annual Reinspection ReTest Micro Switch
FPIMS Account Number * _____

Inspection Date Requested
We will attempt to schedule your requested appointment on one of these two dates as requested
Preferred Date * _____
Alternate Date * _____

email or FAX Request to the Following

RangeHoodTest@fdny.nyc.gov

FAX (718) 999-2893