



**Fire Department • City of New York  
Bureau of Fire Prevention  
Technology Management Unit**  
9 MetroTech Center, Room 3W-2  
Brooklyn, NY 11201-3857

**APPLICATION FOR CERTIFICATE OF APPROVAL (COA)**

Date: \_\_\_\_\_

(FD use only) FP Index # _____ COA # _____
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**General Instructions**

- All forms must be printed or typed in black or blue ink.
- Fees for Certification of Approval: original application - \$625, renewal application- \$50.
- All payments shall be made in money order or check payable to NYC Fire Department.
- Mail completed application to the address shown above. Do not send cash.

**Check one that is applicable to your application:**

- |                                                                                                                        |                                                                              |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Bars, grilles, grates or devices placed over emergency escape and rescue opening              | <input type="checkbox"/> Pre-engineered non-water fire extinguishing systems |
| <input type="checkbox"/> FD siamese connections                                                                        | <input type="checkbox"/> Pre-fabricated commercial kitchen hoods             |
| <input type="checkbox"/> Fire alarm control panels                                                                     | <input type="checkbox"/> Pre-fabricated LPG storage cages/cabinets           |
| <input type="checkbox"/> Flame retardant chemicals                                                                     | <input type="checkbox"/> Pre-manufactured spray booths                       |
| <input type="checkbox"/> Grease filters for commercial kitchen hoods                                                   | <input type="checkbox"/> Pre-manufactured spray rooms                        |
| <input type="checkbox"/> Pre-engineered non-water fire extinguishing systems installed with commercial cooking systems | <input type="checkbox"/> Pressure reducing valves                            |
|                                                                                                                        | <input type="checkbox"/> Standpipe hose outlets                              |
|                                                                                                                        | <input type="checkbox"/> Other (specify): _____                              |

<b>1</b>	<b>Approval Type</b>	<i>Required for all applications.</i>			
	New      Renewal      COA #	Equipment/System	Material	Other:	
<b>2</b>	<b>Material/Equipment Information</b>	<i>Full description and detailed technical narrative of product(s) must also be submitted on flash drive as illustrated in Supplement # 2</i>			
Manufacturer Name:					
Trade Name:					
Product(s) Name:					
Model Number(s):					
Brief description:					
Intent to use:					
<b>3</b>	<b>Applicant Information (applicant must be an authorized officer of the manufacturer)</b>				
<b>3A</b>	<b>Applicant</b>	<i>Required for all applications.</i>			
Last Name:		First Name:	Middle Initial:	Title:	
Business Name:		Business phone:	Business fax:	E-Mail:	
Business Address:					
<b>3B</b>	<b>Authorized Agent Information</b>	<i>Required only, if applicable.</i>			
Last Name:		First Name:	Middle Initial:	Title:	
Business Name:		Business phone:	Business fax:	E-Mail:	
Business Address:					

<b>4 Test Report(s)</b>		<i>Required for all applications.</i>	
Name of Testing Laboratory:			
Address:		City:	State: Zip:
Test Report Number:	Date of Report:	Test Standard(s):	
<b>4A Testing Laboratory Contact Information</b>		<i>Required for all applications.</i>	
Title:	Name:	Telephone:	E-mail:
<b>5 Supporting Documents</b>		<i>Required for all applications. All documents must be in hard cover binder.</i>	
Catalogs 2 copies	Drawings	Test reports & testing Records	Other(specify):
<b>6 Applicant's Statement and Signature</b>			<i>Required for all applications.</i>

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

I hereby certify that the materials/equipment submitted for approval has been tested for compliance with the Administrative Code of the City of New York requirements and FDNY rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>7 Authorized Agent's Statement and Signature</b>		<i>Required if section 3B is completed</i>
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Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

I have authorized the applicant to file this application for the Certificate of Approval or renewal of an existing Certificate of Approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- *Certificate of Approval is a written statement issued by the commissioner, certifying that an article, device or equipment, or type, class or kind thereof, has been examined, tested and approved for a specific purpose or use in conformity with the requirements of N.Y.C. Fire Code, the Construction Codes, or the FDNY rules.*
- *Separate application is required for each category.*
- *A presentation may be required at the FDNY headquarters to evaluate the product. All expenses will be paid by applicant.*
- *Application not approved within 6 month may be deemed abandoned pursuant to FC 105.2.3*
- *Application fees are not refundable.*

<b>F. D. use only</b>		
Fee:	Check Number:	Date of Check:
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Denied <input type="checkbox"/>	Date:
Comments:		
Examiner:		Date:



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TM-2 rev 3/16  
supplement # 1

**Supplement # 1  
Instructions for Completing  
Application for Certification of Approval Form TM-2**

**General Instructions**

- All forms must be printed or typed in black or blue ink.
- If additional space is required, please use 8 ½ x 11 sheets and attach them to the form.
- Do not write in any block that states “FD use only.”
- Choose the category of your equipment/system/material from the list indicated in the application. If it is not mentioned, please specify under “Other.”
- All payments shall be made in check or money order payable to NYC Fire Department.
- Fees for Certificate of Approval: Original - \$625.00, Renewal Application- \$50.00
- Mail completed application to:

NYC Fire Department  
Bureau of Fire Prevention  
Technology Management Unit  
9 MetroTech Center, Room 3W2  
Brooklyn, NY 11201-3857.

**Detailed Instructions**

	<b>Section</b>	<b>Instructions</b>
1	Approval Type	Check (X) the appropriate box to indicate if the application is new or a renewal application. All renewal applications must indicate the COA number assigned. Check (X) the appropriate box to indicate equipment, system, material or other.
2	Material/ Equipment Information	Provide manufacturer’s name, trade name, product name, model number, brief description of the product and its intent use.
3A	Applicant/ Contact Person Information	Provide name, business name, address, title, telephone, fax and e-mail information of the applicant.
3B	Authorized Agent Information	
4	Test Report(s)	Provide name of the approved Testing Laboratory, address, test report number, date of report, and the test standards that were used to evaluate the product.

4A	Testing Laboratory Contact Information	Approved Testing Laboratory contact person's name, title, telephone number, and e-mail address who is responsible for the test and report.
5	Supporting Documents	All required supporting documents must be submitted in hard cover binder as applicable.
6	Applicant's Statement and Signature	Applicant must sign and date the application.
7	Authorized Agent's Statement and Signature	The authorized agent must sign and date the application if section 3B is completed.

## Supplement # 2 (see item # 2 application for Certificate of Approval)

### Sample of material/equipment full description.

(This information must be prepared in Word format on CD or USB flash drive)

Manufacturer: Firesafety Airsample Inc.  
 33 Malcolm Rd.  
 Braeside, 3195 Australia

Trade Name(s): Airsample LTD™

Product: Fire Alarm Equipment.

Model Number(s): AAA333L, AAA333N, AAA331L, AAA311N, AAA312L, AAA322N  
 Smoke Detectors for Special Applications

Test(s) Standard(s): UL 268 5<sup>th</sup> edition, UL 268A 3<sup>rd</sup> edition

Laboratory: Underwriters Laboratories, Inc.

Test Report(s): UL S234677, Vol. 115, Section 1; issued 12/12/2007; project 06CA4559345

Description: Smoke detector, air sampling detector type Airsample model CC984 series and BB434 series duct detector. These two models must employ one of the following accessories: AAA333L, AAA333N, AAA331L, AAA311N, AAA312L, AAA322N, and M403 when connected to an UL 864 listed FACP (Fire Alarm Control Panel).

The Airsample™ models BB434 series and CC984 series were designed as Smoke Detectors for Special Application to be used with the Firesafety Building Technologies and SmokeDetect Inc. Control Panels, and compatible UL 1481 Listed power supplies.

The Firesafety Airsample™ BB434 is an airborne particle monitor designed for direct mounting to the metal ductwork of HVAC systems. Airsample can also detect the smaller smoke particles that are invisible to earlier technologies – particles that are often produced in the earliest stages of overheating, as well as in flaming fires.

The Firesafety Airsample™ CC984 is an airborne particle monitoring device complete with aspirator (air pump), designed for connection to air sampling pipes covering an area up to 10,800 sq.ft.

Each product model type and description is shown in the Table 1.

**Table 1**  
**Model types and their description**

Model	Description
AAA333L, -N	Latching and Non-Latching Local Display Units
AAA312L, -N	Latching and Non-Latching Local Display Units
AAA331L, -N	Latching and Non-Latching Local Display Units with Housing
M403	Rack-Mounted, Remote Display Unit, up to 6 M403 units can be used in a 19" rack frame
CC984-DN, -DL	Air Sampling Smoke Detector Unit CC984, with AAA333L (N) Local Display Unit mounted to the front.
BB434	Air Sampling Smoke Detector for direct mounting to HVAC systems (Air Sampling Detection Unit for duct application. Includes a special monoprobe sample tube).
CC984	Air Sampling Smoke Detector (no local display).