

FIRE DEPARTMENT – CITY OF NEW YORK

4/15

APPLICATION FOR SMOKE DETECTOR MAINTENANCE COMPANY CERTIFICATE



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: 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 27**) for original applications and \$50 (**CC 32**) 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 or by calling 718-999-1988.

Original Renewal 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: _____ @ _____

Certificate of Fitness Number: _____ Category Type: _____ Expiration Date: _____

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
------	---------	------	----------

Section B – National Lab. Listing or Manufacturer Authorization (Answer question 1 or 2 to obtain approval if qualifying through experience. Optional for DOB Licensed Electricians & NICET level II holders or higher.)

1. **Is the company identified in Section A currently listed as a fire alarm service organization by a National Testing Laboratory?** _____ If yes, attach a copy of listing; provide the name, address and telephone number of the testing laboratory; date on which the company was last certified; and the date such certificate expires:

2. **Is the company identified in Section A currently authorized by a Smoke detector manufacturer as a Smoke Detector Service Company?** _____ If yes, attach a copy of authorization letter; provide the name, address and telephone number of the manufacturer; date on which authorization was last certified; and the date such authorization expires:

Section C – Company Owners and Principals (Answer question 1 or 2 to obtain approval)

1. **Is the owner, principal, or officer that will supervise the smoke detector cleaning and testing, currently licensed to engage in the business of installing, servicing, and maintaining fire alarm systems pursuant to Article 6-D of the NYS General Business Law?** _____ If yes, attach a copy of the license, and provide the licensee's name, company title, and date on which such license expires:

2. **Is the owner, principal, or officer that will supervise the smoke detector cleaning and testing, currently licensed as a Master Electrician by the NYC Department of Building?** _____ If yes, attach a copy of the license, and provide the licensee's name, company title, and date on which such license expires:

Section D – NICET Certification or Experience (Answer question 1 or 2 or 3 to obtain approval)

All original and renewal applications must possess the NICET certification described in item one of this section.

1. **Does the individual identified in Section C have a Level II certification in Fire Alarm Systems from the National Institute for Certification in Engineering Technologies (NICET)?** _____ If yes, attach a copy of the certification letter, and provide the name and company title of such person and certification dates:

2. **List a minimum of two (2) years experience in installing or maintaining fire alarm or smoke detection systems, provided that such installation or maintenance was performed under the supervision of an electrician licensed by the New York City Department of Building or other jurisdiction having equivalent license requirements: (MUST attach resume detailing locations, dates, and work performed)**

Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address COF: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval
Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address COF: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval

3. List a minimum of two (2) years experience in designing fire alarm or smoke detection systems, provided that such design work was performed under the supervision of a person licensed as a professional engineer or registered architect in New York State: (MUST attach resume detailing locations, dates, and work performed)

Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address COF: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval
Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd	Employer's Name & Address COF: _____	Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval

Section E - Insurance

The minimum of a \$ 500,000 policy with the FDNY being co-named 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. Please specify in the description that the company is seeking Smoke Detector recognition.

Termination or expiration of the policy will automatically terminate your company's approval.

Insurance Company Name: _____ **Amount of Insurance:** \$ _____

Address: _____ **Issuance Date:** _____

_____ **Expiration Date:** _____

RATING _____

AMB Six Digit Number _____

(Can be found at www.ambest.com/ratings)

Section F- 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 will notify the FDNY in writing within 24 hours of any changes regarding this form.

Signature

Date