

FIRE DEPARTMENT – CITY OF NEW YORK

APPLICATION FOR COMMERCIAL COOKING EXHAUST SYSTEM SERVICING 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. 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 for original applications and \$ 50 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.

ORIGINAL

RENEWAL

Section A – Applicant Information

Company Name:

Address:

Telephone Number:

Fax Number:

Name of Owner or Principal Completing Application:

EMAIL ADDRESS

@

**Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action
(P.O. Box not acceptable)**

Name

Address

Section B – Company Owners and Principals (ANSWER 1, 2 & 3)

1. PROFESSIONAL EXPERIENCE

Please list experience of all company principals and officers including their employers or company affiliation for past 5 years in this commercial cooking exhaust servicing system. Attach additional sheets as necessary.

OWNER 1 - _____

COMPANY _____ DATES _____ to _____

DUTIES _____

OWNER 2- _____

COMPANY _____ DATES _____ to _____

DUTIES _____

OWNER 3 _____

COMPANY _____ DATES _____ to _____

DUTIES _____

2. CERTIFICATE OF FITNESS

1. Does one or more of the owners or principals possess a Z-64 Certificate of Fitness from the FDNY?
(MUST HAVE YES ANSWER TO PROCEED) _____ Include copy of Z letter

2. List below each owner and/or principal of the company. For each, attach a copy of their COF, and in the space below, indicate the COF number:

A. Owner/Principal Name: _____
Title: _____
COF #: _____
Issuance Date: _____

B. Owner/Principal Name: _____
Title: _____
COF #: _____
Issuance Date: _____

C. Owner/Principal Name: _____
Title: _____
COF #: _____
Issuance Date: _____

3. **FEDERAL, STATE OR LOCAL LICENSES ISSUED TO COMPANY, PRINCIPALS OR OFFICERS IN THE PAST 5 YEARS RELATING TO Commercial Cooking Exhaust Servicing Systems?**
 (list agency, license name, type of license and dates)

4. **LIST ALL VIOLATIONS, JUDGEMENTS, CONVICTIONS AND PENALTIES ISSUED AGAINST THE COMPANY, PRINCIPALS OR OFFICERS IN THE PAST 5 YEARS**

5. **LIST ALL FDNY PERMITS ISSUED TO THE COMPANY, PRINCIPAL OR OFFICERS**

<p>Section C - Will your company be servicing Precipators? YES <input type="checkbox"/> NO</p> <p>Proof of having received satisfactory training from the manufacturer or from the manufacturer's representative must be included.</p>

_____	_____	_____
MANUFACTURER /SOURCE	DATE	PERSON OBTAINING TRAINING
_____	_____	_____
MANUFACTURER /SOURCE	DATE	PERSON OBTAINING TRAINING
_____	_____	_____
MANUFACTURER/SOURCE	DATE	PERSON OBTAINING TRAINING

Section D – Company Employees (NOT PRINCIPALS OR OWNERS)

1. List the name, and Certificate of Fitness number of all individuals who will be performing **COMMERCIAL COOKING EXHAUST SYSTEM SERVICING** and attach a copy of his/her Certificate of Fitness or Z letter. Attach additional sheets as necessary.

NAME: _____	NAME: _____
COF: _____	COF: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF: _____	COF: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____
NAME: _____	NAME: _____
COF: _____	COF: _____
NAME: _____	NAME: _____
COF #: _____	COF #: _____

Section E – Insurance The minimum of a \$ 500,000 policy with the FDNY being co-named on the policy is required. Include copy of the policy in your application. The policy must be issued by an approved insurance company that is licensed to do business in New York State and has a A.M. Best rating of A- or better.

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 _____

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 Code 115 and 115-01.

I also affirm that I will notify the FDNY in writing within 24 hours of changes regarding this form.

NAME

DATE