

**APPLICATION FOR PORTABLE FIRE EXTINGUISHER SERVICING
COMPANY CERTIFICATE & COMPANY WITHOUT SERVICING FACILITY –
UPDATED**

Submit completed form (front and back) and 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 (\$100.00 for original applications and \$50.00 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.

All present PFE COMPANIES must complete this new application. There is no fee for current companies to submit this application. New Companies must pay all appropriate fees.

ANSWER ITEMS - 1, 2 & 3

1. ORIGINAL RENEWAL MODIFY EXISTING **COMPANY ID NUMBER**

2. **TYPE OF PFE THAT YOU SEEKING (check 1)**
 PORTABLE FIRE EXTINGUISHING SERVICING COMPANY CERTIFICATE FULL SERVICE PORTABLE FIRE EXTINGUISHING COMPANY CERTIFICATE – SALES

3. **IS YOUR COMPANY CURRENTLY RECOGNIZED BY THE FDNY?** YES NO

IF SO, PROVIDE DETAILS (EXPIRATION DATE, TYPE) -

Section A – Applicant Information (MUST BE COMPLETED FOR BOTH CERTIFICATES)

Company Name:

Address: _____ **TOWN** _____ **State** _____ **Zip** _____

Telephone Number: _____ **Fax Number:** _____

Name of Owner or Principal Completing Application: _____ **EMAIL ADDRESS** _____ @ _____

**If your business is located outside of NYC, you must complete this section-
 Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action
 (P.O. Box not acceptable)**

Name _____ **Address** _____ **Town** _____ **Zipcode** _____

Section B - CONVICTION RECORD (to be completed by owner/principal only)

1. You must list all prior convictions and pending charges. You should NOT include Parking violations. A guilty plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/ unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES NO

2. Are there any criminal charges pending against you?

YES NO

LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:

DATE OF CONVICTION	TYPE OF OFFENSE	NAME & LOCATION OF COURT	SENTENCE/FINE

Add additional sheets, if necessary

COMMENTS –

**Section C – Company Owners and Principals (ANSWER 1, 2 & 3)
MUST BE COMPLETED FOR BOTH CERTIFICATES**

1. Does one or more of the owners or principals possess a minimum of two (2) years experience in portable fire extinguishing servicing ("PFE servicing")? _____ **(MUST HAVE YES ANSWER TO PROCEED)**

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, the number of years of experience in PFE servicing, and the name of his/her employer(s) at that time and training. List the name and address of any company or person with whom such owner or principal is currently affiliated or has been affiliated during the past five (5) years. Attach additional sheets if needed.

Owner/Principal Name: _____

Current & Prior (Past 5 Yrs.) Affiliations:

Title: _____

Name/Address: _____

COF #: _____

From: _____ To: _____

PFE Servicing Experience:

Employer Name/Address: _____

Name/Address: _____

Dates of Employment: From: _____ To: _____

From: _____ To: _____

Employer Name/Address: _____

Name/Address: _____

Dates of Employment: From: _____ To: _____

From: _____ To: _____

Owner/Principal Name: _____

Current & Prior (Past 5 Yrs.) Affiliations:

Title: _____

Name/Address: _____

COF #: _____

From: _____ To: _____

PFE Servicing Experience:

Employer Name/Address: _____

Name/Address: _____

Dates of Employment: From: _____ To: _____

From: _____ To: _____

