FIRE DEPARTMENT – CITY OF NEW YORK Bureau of Fire Prevention, Public Certification and Education Unit 9 MetroTech Center, Brooklyn, NY 11201-3857

Application for AIP for Certificate of Fitness for Fire Alarm Systems Inspection, Testing and Service Principal (S-97)

Application & all required documents must be submitted online thru https://www1.nyc.gov/nycbusiness/index#C

Section 1: PRINCIPAL'S OFFICIAL DECLARATION

(check one that applies)			
\square I am submitting the fire al	arm company application with n	ny S-97 Certific	ate of Fitness
application. The fire alarm	n company name is:		The company
application documents, an	d payment are in the same appli	cation package	<u>.</u>
☐ I am a principal of an FDN	IY approved fire alarm company.	The fire alarm	company name is:
	and FDNY Company ID #		•
https://www1.nyc.gov/assets/fdny/dow	nloads/pdf/business/approved-companies-fi	re-alarm-system-ins	spection-testing-service.pdf
different types of fire alarm signature and I ce Law, New York City Administ	of and have received training in the systems and the Fire Code Chapter 107 and applicable sections of NF fire protection and fire suppressing, in the year tify that, subject to penalty pure rative Code §15-220.1, Fire Department of the suppression of the suppression of the suppression of the subject to penalty pure regulation, that the information of the suppression of the suppressi	er 1 and Chapt PA 72, 2010 ed on systems in a ar suant to the Ne artment rule 31	er 9, Fire Rules § 901-dition. I am the premises where I, I have hereunto ew York State Penal RCNY §6-02, and any
Signature of Principal:		Date:	
Section 2: APPLICANT II	NFORMATION (Please print th	e information)	
Last Name:	First Name		MI
	City		
Experience Length Date	of Birth// Male (MM / DD/ YYYY)	Female Wei	ght Height
Phone:	E-mail:		
Employer Company Name: _			
Address	City	State	Zipcode
Company Phone:	Company e-mail		

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Section 3: APPLICATION FEES

The application fee for this certificate is **\$ 25**. The following methods of payment are acceptable:

- Credit Card (American Express, Discover, MasterCard, or Visa)
- Debit card (MasterCard or Visa)
- E-Check

For fee waivers please submit: (Only government employees who will use their C of F for their work-related responsibilities are eligible for fee waivers.)

- An agency letter with official letter head; **AND**
- Copy of identification card issued by the agency

A convenience fee of 2% will be applied to all credit card payments.

Section 4: PHOTO REQUIREMENT

A recent photo (2x2 head shot) in JPG or JPEG format.

Section 5: AFFIRMATION FORM

Complete and notarize the affirmation form.

https://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-aip-employee-affirmation.pdf

Section 6: SPECIAL QUALIFICATIONS (please select one and submit a copy of certificate or license electronically online)

Applicant must hold one of the following certificate or license:

$\hfill\Box$ National Institute for Certification in I	Engineering 7	Technologies	fire alarm	certified L	evel II
(NICET) or above or;					
☐ NYC DOB Master Electrician License.					

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Section 7: STATEMENTS AND SIGNATURES				
affixed my Law, New	signature and I certify York City Administrativ	, in the year that, subject to penalty pursuant to the e Code §15-220.1, Fire Department rule lation, that the information provided in §	New York State Penal 3RCNY §6-02, and any	
Signature	of Applicant:			

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