

**Application for AIP for Certificate of Fitness for
Fire Alarm Systems Inspection, Testing and Service Technician (S-98)**

Section 1: PRINCIPAL'S RECOMMENDATION FOR THE APPLICANT
(please submit a copy of S-97 certificate of fitness card)

The application must be submitted by only FDNY actively approved companies for: *(Choose one)*

- Smoke Detector company name _____ FDNY ID # _____
- Central Station Monitoring company name _____ FDNY ID # _____

Fire Alarm Systems Inspection, Testing and Service Principal S-97 C of F# _____

I, _____ principal of the above company with S-97 C of F stating that _____ has a reasonable understanding of and has received training in the manufacturer manual for different types of fire alarm systems and the Fire Code Chapter 1 and Chapter 9, Fire Rules § 901-01, Building Code Section 907 and applicable sections of NFPA 72, 2002 edition. He/she is thoroughly familiar with the fire protection and fire suppression systems in the premises where he/she will be servicing.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3RCNY §6-02, and any other applicable law, rule or regulation, that the information provided in Section I is true and accurate.

Signature of Principal: _____ Date: _____

Section 2: APPLICANT INFORMATION *(Please print the information)*

LAST NAME: _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIPCODE _____

EXPERIENCE LENGTH _____ DATE OF BIRTH ____/____/____ MALE__ FEMALE__ WEIGHT _____ HEIGHT ____
(MM /DD/ YYYY)

PHONE: _____ E-MAIL: _____

EMPLOYER COMPANY NAME _____

ADDRESS _____ CITY _____ ST _____ ZIPCODE _____

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

Section 3: APPLICATION FEES *(Please select one)*

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 2.49% will be applied to all credit card payments.

Section 4: PHOTO REQUIREMENT *(Please select one)*

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

Section 5: SPECIAL QUALIFICATIONS *(please select one and submit a copy of certificate or license)*

Applicant must hold one of the following certificate or license:

- National Institute for Certification in Engineering Technologies fire alarm certified Level II (NICET) or above or;
- NYC DOB Master Electrician License.

Section 6: COMPLETED APPLICATION

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3RCNY §6-02, and any other applicable law, rule or regulation, that the information provided in Section I is true and accurate.

Signature of Applicant: _____