This form can be filled out online. Once completed, print the document and sign where appropriate. These instructions will not appear on the print out.

TM-2, rev 7/08

Fire Department • City of New York
Bureau of Fire Prevention
Technology Management Unit

9 MetroTech Center, Room 3W-2
Brooklyn, NY 11201-3857

Reset/Clear Form

APPLICATION FOR CERTIFICATE OF APPROVAL (COA)

(F.D. use only)
F. P. Index # _____
COA # _____

Date: _____

General Instructions

- **All forms must be printed or typed in black or blue ink.**
- **Fees for Certification of Approval: original application - $625, renewal application- $50.**
- **All payments shall be made in money order or check payable to NYC Fire Department.**
- **Mail completed application to the address shown above. Do not send cash.**

Check one that is applicable to your application:

- ☐ Bars, grilles, grates or devices placed over emergency escape and rescue opening
- ☐ FD siamese connections
- ☐ Fire alarm control panels
- ☐ Flame retardant chemicals
- ☐ Grease filters for commercial kitchen hoods
- ☐ Pre-engineered non-water fire extinguishing systems installed with commercial cooking systems
- ☐ Pre-engineered non-water fire extinguishing systems
- ☐ Pre-fabricated commercial kitchen hoods
- ☐ Pre-fabricated LPG storage cages/cabinets
- ☐ Pre-manufactured spray booths
- ☐ Pre-manufactured spray rooms
- ☐ Pressure reducing valves
- ☐ Standpipe hose outlets
- ☐ Other (specify): _____

1 Approval Type							*Required for all applications.*
Original	☐	Renewal	☐	COA #	Equipment/System	☐	Material ☐ Other:

2 Material/Equipment Information	**Full description and detailed technical narrative of product(s) must be submitted in Microsoft Word format on CD as shown in supplement # 2**
Manufacturer Name:	
Trade Name:	
Product(s) Name:	
Model Number(s):	
Brief description:	
Intent to use:	

3 Application Information

3A Applicant/Contact Person Information			
Last Name:	First Name:	Middle Initial:	Title:
Business Name:	Business phone:	Business fax:	E-Mail:
Business Address:			

3B Manufacturer or Authorized Agent Information			*Required if applicant is not manufacturer or authorized agent.*
Last Name:	First Name:	Middle Initial:	Title:
Business Name:	Business phone:	Business fax:	E-Mail:
Business Address:			

4	Test Report(s)				
Name of Testing Laboratory:					
Address:		City:		State:	Zip:
Test Report Number:	Date of Report:		Test Standard(s):		
4A	Testing Laboratory Contact Information				
Name:	Title:	Telephone:	E-mail:		

5	Supporting Documents	*Check what is applicable to your application.*			
☐ Catalogs 2 copies	☐ Hard cover binder	☐ Drawings	☐ Test Records	☐ Other(specify):	

6 Applicant's Statement and Signature

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

I hereby certify that the materials/equipment submitted for approval has been tested for compliance with the Administrative Code of the City of New York requirements and FDNY rules.

_____ _____

Signature *Date*

7 Manufacturer's or Authorized Agent's Statement and Signature

Required if applicant is not manufacturer or authorized agent

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

I have authorized the applicant to file this application for the Certificate of Approval or renewal of an existing Certificate of Approval.

_____ _____

Signature *Date*

- *Certificate of Approval is a written statement issued by the commissioner, certifying that an article, device or equipment, or type, class or kind thereof, has been examined, tested and approved for a specific purpose or use in conformity with the requirements of N.Y.C. Fire Code, the Construction Codes, or the FDNY rules.*
- *Separate application is required for each category.*
- *A presentation may be required at the FDNY headquarters to evaluate the product. All expenses will be paid by applicant.*
- *Application not approved within 6 month may be deemed abandoned pursuant to FC 105.2.3*
- *Application fees are not refundable.*

F. D. use only		
Fee:	*Check Number:*	*Date of Check:*
Approved ☐ *Yes* ☐ *No*	*Denied* ☐	*Date:*
Comments:		
Examiner:		*Date:*

	Fire Department • City of New York **Bureau of Fire Prevention** **9 MetroTech, Third Floor** **Brooklyn, NY 11201**	**TM-2, rev 06/08** **supplement # 1**

Supplement # 1

Instructions for completing
Application for Certification of Approval Form TM-2

General Instructions

- **All forms must be printed or typed in black or blue ink.**
- **If additional space is required, please use 8 ½ x 11 sheets and attach to the form.**
- **Do not write in any block that states "FD use only."**
- **Choose the category of your equipment/system/material from the list shown in application. If it is not mentioned, please specify under "Other."**
- **All payments shall be made in check or money order payable to <u>NYC Fire Department</u>.**
- **Fees for Certificate of Approval: Original - $625.00, Renewal - $50.00**
- **Mail completed application to: NYC Fire Department**
  Bureau of Fire Prevention
  Technology Management Unit
  9 MetroTech Center, Room 3W2
  Brooklyn, NY 11201-3857.

Detailed Instructions

	Section	**Instructions**
1	Approval Type	Check (X) the appropriate box to indicate if the application is new or a renewal application. All renewal applications must indicate the COA number assigned. Check (X) the appropriate box to indicate equipment, system, material or other.
2	Material /Equipment Information	Provide manufacturer's name, trade name, product name, model number, brief description of the product and its intent use.
3A	Applicant / Contact Person Information	Provide name, business name, address, title, telephone, fax and e-mail information of the applicant.
3B	Manufacturer or Authorized Agent Information	Provide name, business name, address, title, telephone, fax and e-mail information of the manufacturer or authorized agent.

4	Test Report(s)	Provide name of the approved Testing Laboratory, address, test report number, date of report, and the test standards that were used to evaluate the product.
4A	Testing Laboratory Contact Information	Approved Testing Laboratory contact person's name, title, telephone number, and e-mail address who is responsible for the test and report.
5	Supporting Documents	Check (X) the appropriate box to indicate the documents submitted with the application. If additional documents are submitted, indicate the same under "Other." All submitted document shall be arranged in hard cover binder.
6	Applicant's Statement and Signature	Applicant must sign and date the application.
7	Manufacturer's or Authorized Agent's Statement and Signature	The manufacturer or authorized agent must sign and date the application if the applicant represents the manufacturer or authorized agent.

Supplement # 2 (see item # 2 application for Certificate of Approval)

Sample of material/equipment full description.

(This information must be prepared in Word format on CD)

Manufacturer:	Firesafety Airsample Inc. 33 Malcolm Rd. Braeside, 3195 Australia
Trade Name(s):	Airsample LTD™
Product:	Fire Alarm Equipment.
Model Number(s):	AAA333L, AAA333N, AAA331L, AAA311N, AAA312L, AAA322N Smoke Detectors for Special Applications
Test(s) Standard(s):	UL 268 5th edition, UL 268A 3rd edition
Laboratory:	Underwriters Laboratories, Inc.
Test Report(s):	UL S234677, Vol. 115, Section 1; issued 12/12/2007; project 06CA4559345
Description:	Smoke detector, air sampling detector type Airsample model CC984 series and BB434 series duct detector. These two models must employ one of the following accessories: AAA333L, AAA333N, AAA331L, AAA311N, AAA312L, AAA322N, and M403 when connected to an UL 864 listed FACP (Fire Alarm Control Panel).

The Airsample™ models BB434 series and CC984 series were designed as Smoke Detectors for Special Application to be used with the Firesafety Building Technologies and SmokeDetect Inc. Control Panels, and compatible UL 1481 Listed power supplies.

The Firesafety Airsample™ BB434 is an airborne particle monitor designed for direct mounting to the metal ductwork of HVAC systems. Airsample can also detect the smaller smoke particles that are invisible to earlier technologies – particles that are often produced in the earliest stages of overheating, as well as in flaming fires.

The Firesafety Airsample™ CC984 is an airborne particle monitoring device complete with aspirator (air pump), designed for connection to air sampling pipes covering an area up to 10, 800 ftsq.

Each product model type and description is shown in the Table 1.

Table 1
Model types and their description

Model	Description
AAA333L, -N	Latching and Non-Latching Local Display Units
AAA312L, -N	Latching and Non-Latching Local Display Units
AAA331L, -N	Latching and Non-Latching Local Display Units with Housing
M403	Rack-Mounted, Remote Display Unit, up to 6 M403 units can be used in a 19” rack frame
CC984-DN, -DL	Air Sampling Smoke Detector Unit CC984, with AAA333L (N) Local Display Unit mounted to the front.
BB434	Air Sampling Smoke Detector for direct mounting to HVAC systems (Air Sampling Detection Unit for duct application. Includes a special monoprobe sample tube).
CC984	Air Sampling Smoke Detector (no local display).