



FIRE DEPARTMENT BUREAU OF FIRE PREVENTION

9 METROTECH CENTER – BROOKLYN, NY 11201-3857

FIRE ALARM SYSTEM CERTIFICATION FORM

1	PREMISES INFORMATION <i>(All fields must be completed):</i>		
Building No: _____		Street Name: _____	
Borough: _____		NY	ZIP: _____
		BIN: _____	
2	OWNER INFORMATION <i>(All fields must be completed):</i>		
Last Name: _____		First Name: _____	Business Telephone: _____
Business Name: _____		Business Fax: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
E-Mail: _____		Mobile Telephone: _____	
3	APPLICANT INFORMATION <i>(All fields must be completed):</i>		
Last Name: _____		First Name: _____	License No.: _____
Business Name: _____		Business Telephone: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
Choose one: <input type="checkbox"/> P. E. <input type="checkbox"/> R. A		E-Mail: _____	
4	FIRE ALARM SYSTEM INFORMATION <i>(Check all items that are applicable):</i>		
Building Code in Force: <input type="checkbox"/> 1968 or prior <input type="checkbox"/> 2008		Make and Model: _____	
Type of Fire Alarm Control Panel (FACP, FCS, FCC): <input type="checkbox"/> Coded <input type="checkbox"/> Conventional <input type="checkbox"/> Multiplexing <input type="checkbox"/> Addressable			
Location of Existing Fire Alarm Control Panel (FACP, FCS, FCC): _____			
Type of Fire Alarm System: _____			
5	TESTING INFORMATION <i>(Indicate "YES" where a specified component was tested and found to be in working order, "NO" - upon failure):</i>		
		YES	NO
CONTROL EQUIPMENT <i>(FACP, intermediate control units, remote annunciator, distributed control units, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
ALARM INITIATING DEVICES <i>(coverage, sensitivity, alarm verification, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE/VISIBLE APPLIANCES <i>(adequacy of evacuation signal, coverage, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
VOICE COMMUNICATION <i>(adequacy of sound pressure and clarity of PA, amplifier/tone generators, communication devices, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
BUILDING SAFETY FUNCTIONS <i>(elevator recall, fan shutdown, door release, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
CENTRAL OFFICE CONNECTION <i>(off-premises transmission)</i>		<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL <i>(primary/secondary power supply, mechanical execution of work, cable and wiring uses, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
6	COMMENTS <i>(Explain all "NO" answers in the "Comments" section. Where an item may not be applicable, indicate "N/A" and explain in the "Comments" section):</i>		
7	CERTIFICATIONS:		
<p><i>I have prepared this form and certify that the system as specified herein was tested in accordance with the requirements of the following reference standards (indicate any or all that apply):</i></p> <p><input type="checkbox"/> NYC BUILDING CODE, _____ edition <input type="checkbox"/> OTHER <i>(please specify):</i> _____</p> <p><i>All operational features and functions of this system were tested by the signer shown below, on the date shown below, and were determined to be as follows:</i></p> <p><input type="checkbox"/> <i>The test indicates that no elements of the system were found to be defective on this date.</i></p> <p><input type="checkbox"/> <i>The test indicates that certain elements of the system were found to be defective on this date and the system could not be certified.</i></p>			
SIGNED: _____		NAME (print): _____	DATE: _____
COMPANY: _____		TITLE: _____	PHONE: _____
Notarization:			
State of New York, County of: _____			
Sworn to or affirmed under penalty of perjury			
_____ day of 20_____		Notary Seal	
Notary Public Signature: _____			