



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev 04/2014

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor
Flushing, New York 11373

COMPLIANCE CERTIFICATION FORM
For the Use of Non-Department Listed Boiler Assemblies

Emily Lloyd
Commissioner

Michael Gilsean
Assistant Commissioner
Environmental Compliance

PREMISE INFORMATION

Form with fields: ADDRESS, UNIT/FLOOR/SUIT, BOROUGH, ZIP

BOILER INFORMATION

Form with fields: BOILER MAKE, BOILER MODEL, BOILER TYPE (Scotch Marine, Fire Box, Condensing, Other), MAX. GROSS OUTPUT (BTU/Hr), HEATING MEDIUM (Steam, Hot Water), HEAT RELEASE (BTU/Hr/Cuft), ASME CERTIFICATION (YES, NO)

BURNER INFORMATION

Form with fields: BURNER MAKE, BURNER MODEL, BURNER TYPE (Forced Draft, Atmospheric), UL LISTED (YES, NO), FIRING RATE TO BE USED (GPH), FUELS TO BE USED, IS THE BOILER ASSEMBLY UL LISTED? (YES, NO)

EXPLANATION OF BOILER ASSEMBLY MODEL NUMBER NOMENCLATURE:

Empty table for explanation of boiler assembly model number nomenclature

METHOD OF BURNER LIMITATION:

Empty table for method of burner limitation

CERTIFICATION / TYPE OF PERFORMANCE TESTING CONDUCTED (UL, HI, NRTL, ETC.) PLEASE SPECIFY:

Empty table for certification / type of performance testing conducted



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PROFESSIONAL ENGINEER'S CERTIFICATION STATEMENT

I attest under the penalties of perjury:

1. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
2. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
3. I have personally reviewed the manufacturer's test data and certify that the equipment will meet the following operating conditions in the field:
 - a. A smoke reading of #3 or less on the Bacharach Scale
 - b. Stack losses will not exceed 17%
 - c. Overall efficiency will be at least 78%
4. That systems to maintain compliance are in place at the facility and will be maintained even if processes or operating procedures are changed; and
5. That I am fully authorized to make this attestation on behalf of the facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, misleading or incomplete information.

P.E. SIGNATURE:	DATE:	P.E. SEAL:
P.E. NAME:		
EMAIL ADDRESS (MANDATORY):		