



Fire Department • City of New York
Bureau of Fire Prevention
Technology Management Unit
 9 MetroTech Center, Room 101
 Brooklyn, NY 11201-3857

PROFESSIONAL CERTIFICATION APPLICATION
(PROFESSIONAL CERTIFICATION OF INSTALLATION OF FIRE ALARM SYSTEM PURSUANT TO
FC 104.2 & 3 RCNY § 104-02)

Date: _____

FPIMS No. (office use only): _____ _____

DOB Application (PW-1) No.: _____ Date of FDNY plan approval: _____
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General Instructions

Fee for Professional Certification \$ 210

All payments shall be made in money order or check payable to NYC Fire Department. **Do not send cash.**
 Submit completed TM-3 application, Supplement #1, and all required documents to the address shown above.
 See Supplement # 2 for additional information.

1	Location	<i>Required for all applications</i>	
Building No and Street		Borough	ZIP
2	Owner	<i>Required for all applications</i>	
Name		Telephone	
Address			
Occupied by:		Floor #:	Total # of floors in the bldg:
3.1	Base/Core Building Fire Alarm System Approved? (Required for processing of application)	<input type="checkbox"/> Yes. <i>Date of Approval:</i>	<i>Submit copy of FDNY letter of approval or other evidence acceptable to the Department. See Supplement #2, item #3 for more information</i>
3.2	Type of Fire Alarm System:		
4	Job description:	<i>Required for all applications</i>	

5 Professional Certification of Installation	<i>Required for all applications</i>
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The following is to be completed by the Registered Architect or Professional Engineer professionally certifying the fire alarm installation.

I _____
Name *Business Name* *License No.*

_____ *E-mail address* *Telephone*
Business Address

I hereby certify that I, or qualified employees under my direct supervision, have prepared or reviewed the design of the above fire alarm system installation, as detailed on Supplement #1 and the as-built plans being filed with this application, inspected its installation and witnessed its operation. I hereby certify that the design, installation and operation of the fire alarm system installation that is the subject of this application, as detailed on Supplement #1 and the as-built plans being filed with this application, complies with all applicable requirements of the NYC Building Code, NYC Fire Code, NYC Electrical Code, Fire Department Rule 3 RCNY 104-02, and any other applicable rules and regulations.

Signature of Registered Design Professional



Professionally certified fire alarm system installations are subject to audit by Fire Department. False certification is punishable by a term of imprisonment of up to 4 years and a fine of up to \$10,000, or both, pursuant to New York State Penal Law §§ 175.30 and 170.35. False certification is also punishable pursuant to NYC Administrative Code §10-154, and may result in disqualification from submission of applications pursuant to NYC Administrative Code §28-104.2.1 and 29 NYC Administrative Code §FC104.2.1.1.

<i>FDNY use only</i>		
<i>Fee paid:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Check/Money Order #:</i>	<i>Date of Check:</i>
<i>Approved</i> <input type="checkbox"/> <i>Yes</i>	<i>Date:</i>	
<i>Objection</i> <input type="checkbox"/> <i>Yes</i>	<i>Date:</i>	
<i>Denied</i> <input type="checkbox"/> <i>Yes</i>	<i>Date:</i>	
<i>Comments:</i>		
<i>Examiner:</i> _____		
		<i>Date:</i> _____



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SUPPLEMENT # 1

ELECTRICAL CONTRACTOR INFORMATION
FOR NON-CORE FIRE ALARM SYSTEM INSTALLATIONS
(Pursuant to FC 104.2 & 3 RCNY § 104-02)
In Connection with Professional Certification
(Form TM-3) of Fire Alarm Systems

(Electrical Contractor shall provide this information)


Building Address: _____

Department of Buildings Application No: _____ Date of FDNY Plan Approval: _____

Professionally certified fire alarm devices	Floor #	Floor #	Floor#	Floor#	Floor#	Device Manufacturer & Model No.	Listing Agency (e.g. UL/FM/CSA/ETL/MEA)	Wire Gauge and Insulation
<i>Gongs/Chimes</i>								
<i>Horns</i>								
<i>Horns/Strobes</i>								
<i>Speakers</i>								
<i>Speakers/Strobes</i>								
<i>Strobes</i>								

Smoke Detectors								
Manual Fire Alarm Boxes (Pull Stations)								

Note: use additional form(s) if necessary.

5	Master Electrician	<i>Required for all applications.</i>	
Name:			
Name of Electrical Co.:			
Company Address:			
License No.:		Date of expiration:	
Telephone No.:	E-mail:		
_____ Signature of Licensee			



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SUPPLEMENT # 2

INSTRUCTIONS FOR COMPLETING Professional Certification Application Form TM-3

General Instructions

- All applications submitted to the FDNY for examination must be accompanied by documents as required by 3 RCNY R104-02(d)(1) and Supplement # 1.
- All fees must be submitted with the application. Fees are non-refundable.
- All forms must be printed or typed in black or blue ink.
- All the documents shall be enclosed in an envelope, labeled “Professional Certification of Fire Alarm Systems” and submit:
 - in person - at Window #8, 9 MetroTech Center, Brooklyn, NY 11201-3857
 - or by mail - to the above address

Detailed Instructions

	Section	Instructions
1	Location	Indicate building number, street name, borough, zip code.
2	Owner	Provide the name, address, telephone number of the owner. Provide name of the tenant occupying the floor/s, floor number and the total number of floors in the building including floors below grade.
3.1	Base/Core Building Fire Alarm System Approved?	You must have the base/core building system approved in order to complete this form. Submit a copy of the Letter of Approval. If you are unable to provide Letter of Approval for installations prior to January 1, 2002 for the base/core building fire alarm system, you must submit one of the following to process your application: <ul style="list-style-type: none"> a) Copy of PW-1 application for fire alarm system installation and Letter of Completion issued by DOB b) Copy of PW-1 application for fire alarm system and Certificate of Occupancy issued after the date of the PW-1 application
3.2	Type of Fire Alarm System	Existing building fire alarm system as described in the Letter of Approval.
4	Job description	Describe type of additions, modifications or alterations performed.
5	Applicant's Statement and Signature	Applicant must type his/her name, business name, address, e-mail and telephone number. Application must be signed and sealed by Registered Design Professional.