

# FIRE DEPARTMENT – CITY OF NEW YORK

## APPLICATION FOR PORTABLE FIRE EXTINGUISHER SALES COMPANY CERTIFICATE 5/12

Submit completed form (front and back) and all attachments to:  
Director of Licensing  
Bureau of Fire Prevention  
Fire Department – City of New York  
9 MetroTech Center – Room 1S -1C  
Brooklyn, NY 11201-3857

**Instructions:** This application must be completed by an owner or principal of the company. Please make sure to fill out every field accurately as all fields are required to qualify. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee (\$100 (CC 42) for original applications and \$50 (CC 43) for renewal applications). Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fee is required after 30 days.

All present PFE COMPANIES must complete this new application.

1.  ORIGINAL  RENEWAL  MODIFY COMPANY ID NUMBER   
EXISTING

2. IS YOUR COMPANY CURRENTLY RECOGNIZED BY THE FDNY?  Yes  No

IF SO, PROVIDE DETAILS (EXPIRATION DATE, TYPE)

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### Section A – Applicant Information (MUST BE COMPLETED FOR BOTH CERTIFICATES)

Company Name:

Address: TOWN State Zip

Telephone Number: Fax Number:

Name of Owner or Principal Completing Application: EMAIL ADDRESS

@

If your business is located outside of NYC, you must list an Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action. (P.O. Box not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal papers if required)

Name Address City Zip Code

### Section B - CONVICTION RECORD (to be completed by owner/principal only)

1. Are there any prior convictions and pending charges against you? DO NOT include Parking violations. A guilty plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful

offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES  NO

2. Are there any criminal charges pending against you?

YES  NO

**LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:**

DATE OF CONVICTION	TYPE OF OFFENSE	NAME & LOCATION OF COURT	SENTENCE/FINE

Add additional sheets, if necessary

COMMENTS –

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section C – Company Owners and Principals (ANSWER 1, 2 & 3)  
 MUST BE COMPLETED FOR BOTH CERTIFICATES**

1. Does one or more of the owners or principals possess a minimum of two (2) years experience in portable fire extinguishing sales ("PFE sales")? \_\_\_\_\_ **(MUST HAVE ANSWERED YES TO PROCEED)**

2. List below each owner and/or principal of the company. For each, attach a copy of their COF, and in the space below, indicate the COF number, the number of years of experience in PFE sales, and the name of his/her employer(s) at that time and training. List the name and address of any company or person with whom such owner or principal is currently affiliated or has been affiliated during the past five (5) years. Attach additional sheets if needed.

**Owner/Principal Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**COF #:** \_\_\_\_\_

PFE Sales Experience:

Employer Name/Address: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Owner/Principal Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**COF #:** \_\_\_\_\_

PFE Servicing Experience:

Employer Name/Address: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Current & Prior (Past 5 Yrs.) Affiliations:

Name/Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name/Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name/Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Current & Prior (Past 5 Yrs.) Affiliations:

Name/Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name/Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



**Section G – ZONING**

**My company complies with pertinent zoning requirements:**     **YES**                       **NO**

**Section H – Oath or Affirmation and Acknowledgement**

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that I will follow the contents and materials which are contained in the FDNY Study Booklet W-96.

I also affirm that this company certificate, if issued, is subject to the requirements of Fire Department.

I also affirm that I will notify the FDNY in writing within 24 hours of any changes regarding this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE