



**SUFFOLK COUNTY PORTABLE FIRE EXTINGUISHER AND
AUTOMATIC FIRE EXTINGUISHING SYSTEMS LICENSING BOARD**
c/o Suffolk County Fire-Rescue, P.O. Box 127, Yaphank, NY 11980-0127
631-852-4855



**CERTIFICATE OF REGISTRATION APPLICATION CHECKLIST
(TO BE RETURNED WITH APPLICATION)**

Applicant: _____

Contact Name: _____

- Complete Notarized Original Application
- If Applicable – Details of investigation by a regulatory body for a violation in the conduct of business
- If Applicable – Details of convictions and/or pending criminal charges
- If Applicable – Provide copies of any license issued by another municipality
- If Applicable – Continued list of all principals
- If Applicable – Continued list of share holders holding more than 5% interest in applicant
- If Applicable – Continued list of employees
- Check made payable to the Suffolk County Treasurer for Application Fee \$200
- Check made payable to the Suffolk County Treasurer for Certificate of Registration Fee \$800
- If Applicable – Check made payable to the Suffolk County Treasurer for Out of County Inspection Fee \$350
- Copies of current manufacturers' training certification(s)
- Certificate of Insurance and a Declaration Page evidencing \$1 million per occurrence, \$2 million aggregate, listing the Suffolk County Department of Fire, Rescue and Emergency Services as the certificate holder
- If Applicable - Certificate of Insurance for Workers' Compensation listing the Suffolk County Department of Fire, Rescue and Emergency Services as the certificate holder
- Copy of Business Certificate or Corporate Filing Receipt
- If Applicable - Copy of the U.S. Department of Transportation Cylinder Hydrostatic Testing License
- If Applicable – High Pressure Hydrostatic Testing Subcontract Verification Form



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CERTIFICATE OF REGISTRATION APPLICATION

DIRECTIONS: This application for a two (2) year Certificate of Registration must be completed and returned to the Suffolk County Department of Fire, Rescue and Emergency Services along with any other required documentation in compliance with Article III, Chapter 294 of the Suffolk County Code and the Rules and Regulations of the Portable Fire Extinguisher and Automatic Fire Extinguishing Systems Licensing Board.

- Please print or type. No photocopies accepted.
- Complete answers must be given to all questions.
- Any fraudulent representation on this application may be cause for denial, suspension or revocation of the Certificate of Registration and disqualification of the applicant.
- Application must have notarized signature(s) of an officer of a corporation, by the sole proprietor, by each partner of a general partnership, by the general partner of a limited liability partnership or by an officer or member of a limited liability company.
- Fees: Application - \$200 (non-refundable) Certificate of Registration - \$800 Out of County Inspection - \$350 (non-refundable)

TYPE OF APPLICATION (CHECK ONE):		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	
ENDORSEMENTS (CHECK ALL THAT APPLY)				
<input type="checkbox"/> PORTABLE FIRE EXTINGUISHER W/LOW PRESSURE HYDROSTATIC		<input type="checkbox"/> DRY/WET CHEMICAL FIXED EXTINGUISHING SYSTEMS		
<input type="checkbox"/> HIGH PRESSURE HYDROSTATIC		<input type="checkbox"/> CLEAN AGENT FIXED EXTINGUISHING SYSTEMS		
APPLICANT (BUSINESS NAME):		CONTACT NAME:		
D/B/A NAME if any (doing business as)(attach proof):				
PHYSICAL FACILITY LOCATION (no post office boxes):		DOES PREMISE(S) POSSESS A CERTIFICATE OF OCCUPANCY? (Attach Copy)		
		<input type="checkbox"/> YES	<input type="checkbox"/> No	
CITY:	STATE:	ZIP CODE:		
COUNTY:	TELEPHONE#:	FAX #:		
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES:		WEBSITE ADDRESS:		
MAILING ADDRESS (if different.):				
CITY:	STATE:	ZIP CODE:		
PREVIOUS HISTORY				
Has the applicant or any owner or officer ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business? (If "YES", give details on a separate sheet and attach it to this application.)			YES	NO
Has the applicant or any owner or officer ever been convicted of a crime or have any criminal charges pending? (If "YES", give details on a separate sheet and attach it to this application.)			<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant or any owner or officer in arrears of any child support judgment?			<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant making all required payroll tax payments for his/her employees including Social Security Taxes, Medicare Taxes, and State and Federal Unemployment Taxes?			<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant or any owner or officer presently hold, or ever been issued any license by any other municipality? (If "YES" complete below, attach additional piece of paper for any other licenses.)			<input type="checkbox"/>	<input type="checkbox"/>
Holder of License:	Where:	License #:	Type of License:	Expiration Date:
Do you subcontract any of the intended work?*			<input type="checkbox"/>	<input type="checkbox"/>
If "YES" list names, addresses, and Certificate of Registration #s of each subcontractor:				
*NOTE: ALL SUBCONTRACTORS MUST BE A SUFFOLK COUNTY REGISTERED FACILITY.				

For the two year period immediately preceding the date of this application provide the information requested below for the applicant, or if a partnership by each partner thereof, or if a limited liability company by each member thereof, or if a corporation by each officer thereof.

NAME OF APPLICANT/PARTNER/LLC MEMBER/CORPORATE OFFICER:	NAME OF BUSINESS OR OCCUPATION:
ADDRESS OF BUSINESS OR OCCUPATION:	NAME(S) OF EMPLOYERS:
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ADDRESS OF BUSINESS OR OCCUPATION:	NAME(S) OF EMPLOYERS:

ATTACH ADDITIONAL PAGE(S) IF NEEDED

APPLICANT INFORMATION: Check and complete the sections below that apply. SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY Co (LLC) OTHER

PRESIDENT NAME AND ADDRESS:

VICE PRESIDENT NAME AND ADDRESS:

SECRETARY NAME AND ADDRESS:

TREASURER NAME AND ADDRESS:

LIST NAMES AND ADDRESSES OF ALL PRINCIPALS; THAT IS, ALL INDIVIDUALS SERVING ON THE BOARD OF DIRECTORS OR COMPARABLE BODY, NAMES AND ADDRESSES OF ALL PARTNERS, AND NAMES AND ADDRESSES OF ALL MEMBERS (*Attach separate page(s) if needed*).LIST ALL NAMES AND ADDRESSES OF THOSE INDIVIDUAL SHAREHOLDERS HOLDING MORE THAN FIVE PERCENT (5%) INTEREST IN THE APPLICANT (*Attach separate page(s) if needed*).**IDENTIFICATION NUMBERS:**

NYS SALES TAX REGISTRATION #:

FEDERAL EMPLOYER'S IDENTIFICATION (FEI) #:

WORKERS COMPENSATION CARRIER AND NUMBER (*attach copy of policy*):INSURANCE CARRIER AND POLICY NUMBER (*attach copy of declaration page*):FEDERAL DOT CERTIFICATION ID (*attach copy of certification*):**EMPLOYEES:** (*A Registered Facility must employ at least one person who is licensed by Suffolk County to install and/or service portable fire extinguishers and/or automatic fire extinguishing systems*)

List all employees engaged in the sales, servicing and/or installation of portable fire extinguishers and/or automatic fire extinguishing systems

NAME & ADDRESS:

SUFFOLK COUNTY LICENSE #:

DATE OF BIRTH:

NAME & ADDRESS:

SUFFOLK COUNTY LICENSE #:

DATE OF BIRTH:

NAME & ADDRESS:

SUFFOLK COUNTY LICENSE #:

DATE OF BIRTH:

NAME & ADDRESS:

SUFFOLK COUNTY LICENSE #:

DATE OF BIRTH:

NAME & ADDRESS:

SUFFOLK COUNTY LICENSE #:

DATE OF BIRTH:

ATTACH ADDITIONAL PAGE(S) FOR ADDITIONAL EMPLOYEES

PROOF OF TRAINING (to be completed only if applying to service automatic fire extinguishing systems.)

List the automatic fire extinguishing systems which are serviced or maintained. In addition to the system description, include a copy of a manufacturer's certification to maintain said system. No 3rd Party Certificates Accepted.

MANUFACTURER BRAND NAME

SYSTEM TYPE(S)

CERTIFICATION DATE

EXPIRATION DATE

ID # (if applicable)

MANUFACTURER BRAND NAME

SYSTEM TYPE(S)

CERTIFICATION DATE

EXPIRATION DATE

ID # (if applicable)

MANUFACTURER BRAND NAME

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PHOTOCOPY IF ADDITIONAL PAGES ARE NECESSARY.

