



**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



HIGH PRESSURE HYDROSTATIC TESTING SUBCONTRACT VERIFICATION FORM

DIRECTIONS: This form must be completed by a representative of a Registered Facility that has an agreement for the performance of high pressure hydrostatic testing in compliance with Article III, Chapter 294 of the Suffolk County Code.

- Please print or type. No photocopies accepted.
- Complete answers must be given to all questions.
- Any fraudulent representation on this form may be cause for denial, suspension or revocation of a license, and/or certificate of registration.
- All cancellations or changes to the agreement must be reported to the Suffolk County Portable Fire Extinguisher and Automatic Fire Extinguishing Systems Licensing Board within five (5) business days.
- Form must have notarized signatures.
- This form must be re-filed at the time of each certificate of registration renewal or upon cancellation of an agreement.

NEW AGREEMENT

AGREEMENT RENEWAL

AGREEMENT CANCELLATION

REGISTERED FACILITY (CONTRACTING FOR HIGH PRESSURE HYDROSTATIC TESTING):

REGISTERED FACILITY NAME:	CONTACT NAME:	PHONE #:	CERTIFICATE OF REGISTRATION #:
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

SUBCONTRACTOR (PERFORMING HIGH PRESSURE HYDROSTATIC TESTING):

REGISTERED FACILITY NAME:	CONTACT NAME:	PHONE #:	CERTIFICATE OF REGISTRATION #:
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
FEDERAL DOT CERTIFICATION ID:		FEDERAL DOT CERTIFICATION ID EXPIRATION DATE:	

The above contract is in effect and will remain so for the duration of the certificate of registration of the contractor or the Suffolk County Portable Fire Extinguisher and Automatic Fire Extinguishing Systems Licensing Board will be immediately notified.

CONTRACTOR/REGISTERED FACILITY

_____, being duly sworn, deposes and says: I prepared this form and the statements contained therein are, to the best of my knowledge and belief, true and correct and I have not knowingly made a false statement or given information which I know to be false in connection therewith.

SIGNATURE: _____

TITLE: _____

DATE: _____

SWORN TO BEFORE ME:

SUBCONTRACTOR/REGISTERED FACILITY

_____, being duly sworn, deposes and says: I prepared this form and the statements contained therein are, to the best of my knowledge and belief, true and correct and I have not knowingly made a false statement or given information which I know to be false in connection therewith.

SIGNATURE: _____

TITLE: _____

DATE: _____

SWORN TO BEFORE ME: