



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

Application for License

Initial

Renewal

Check Only One

Board-up Company (BURL)

Kitchen Exhaust Cleaning (KECL)

Automatic Fire-Extinguishing Installer (AEL)

Portable Fire Extinguisher Full Service (PEL)

Automatic Fire Suppression Installer (GFS)

Portable Fire Extinguisher Limited Service

Clean Agent Fire-Extinguishing Installer (CAFEL)

Sprinkler/Standpipe Installer (Type I) (SPL)

Flammable Finish Application (FFL)

Sprinkler/Standpipe ITM (Type 2) (SPITM)

Grease Hood and Duct Exhaust Installer (HDL)

(Inspection, Testing and Maintenance)

Please Type or Print All Information (Bold Fields are Required)

Full Corporate Name: _____ **Date:** _____

D/B/A: _____ **Phone:** _____

Physical Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____

eMail: _____ **FEIN/Tax ID:** _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Principal Name: _____ **Title:** _____

Date of Birth: _____ US Citizen Resident Alien

Please Fill Out All Information on Reverse Side

FIRE MARSHAL USE ONLY

License # _____ Cash ID _____ Location ID _____

Date Issued _____ Check # _____ Company ID _____

Expiration _____ Amount _____

OWNER / EXECUTIVE INFORMATION

List Name, Title, Date of Birth, SSN (last 4 only) and Legal Residence of all Partners, Officers, Directors and Shareholders

Certificate of Incorporation, Articles of Organization or other official NYS business paperwork, stamped by NYS.

Certificate of Assumed Name from NYS if operating under a different name from above, stamped by NYS.

If a co-partnership, a certified copy from the Clerk, County of Nassau, of partnership must be filed with this application.

Certificate of Liability Insurance. (form ACORD 25)

Proof of workers' compensation insurance. (form CE-200, or form C-105.2 / U-26.3, or form SI-12 / GSI-105.2)

Proof of disability benefits. (form CE-200, or form DB-120.1, or form DB-155)

For licenses which require certificates of fitness (COFs), a list of all employed COF holders, including their full name, tester ID and COF expiration date.

For licenses which require manufacturer's training certificates, a copy of all valid certificates.

For Portable Fire Extinguisher Service (PFE) licenses, a current DOT cylinder requalification facility letter, or an agreement letter from a valid PFE contractor licensed in Nassau County who holds the same.

For Flammable Finish Licenses (FFL), a copy of the most recent suppression system service or maintenance, performed by a contractor licensed for that system (extinguishing system [within 6 months] or sprinkler [within 3 months])

Does individual(s), partner(s), officer(s) or director(s) have any judgement(s), lien(s), notice of lien(s) or any other legal proceedings against them. YES NO

Does applicant(s), partner(s), officer(s) or director(s) have any civil or criminal actions now pending. YES NO

Has applicant(s), partner(s), officer(s) or director(s) ever been convicted of a crime. YES NO

Has applicant(s), partner(s), officer(s) or director(s) ever had a license denied, revoked or suspended. YES NO

If any question was answered yes, provide details on a separate notarized statement.

STATEMENT

I, the undersigned, understand that the issuance of a permit or license for the type which is herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Fire Marshal's Office. I further understand that non-compliance of said requirements, by myself or any officer or employee of the firm or individual listed as the applicant on this form, shall be cause for revocation of said permit or license. Upon revocation of said permit or license the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit or license was issued. The reissuance of a permit or license shall be based upon review of the circumstances leading to the revocation. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant (Print Name)

Title

Date

Applicant (Signature)

Notary Public