Department of Community Affairs
Division of Fire Safety
Contractor Certification and Emblems Unit

Office of the State Fire Marshal Phone: (609) 324.3560 Fax: (609) 324.8493

Renewal Certification Application Form (INSTRUCTIONS ON REAR OF FORM)



1.	SSN Number:		For Official Use Only
	State ID Number		Received:
	Date of Birth:		Check Number:
2.	Name:		Returned:
	Address:		- Positivit
	City, State, Zip:		Approved:
	County:		
	Telephone:		
3.	Contractor Certifications (Check all that apply). Application fees are \$75.00 for each certification title. (This includes All Fire Protection)	ction)	Certifying Agency
	All Fire Protection Equipment Systems (see instructions, p.2)		NICET / NAFED
	Fire Sprinkler System		
	Special Hazard Fire Suppression System		NICET
	Fire Alarm System		
	Portable Fire Extinguisher		
	Kitchen Fire Suppression System		
	4. Re-certification requirements:	8.	Fees:
	All applications submitted shall include current proof of recertification with NICET and/or NAFED . See Certification Requirements N.J.A.C. 5:73-2.3 (d)		Application fees are \$75.00 for each certification title checked in the left column in Section 3. Total the fees and attach a check of money order payable to "Treasurer State of New Jersey". Applications will not be processed unless payment is enclosed. Please write your ID# in memo part of
5.	Employer Information:		check. Applications received after the lapse date must pay a late fee of \$150.00 for each certification
	Please list on a separate sheet of paper all fire protection businesses		twice regular fee.
	which you are presently affiliated. State name, address, phone number, type work you do for them. If your are the qualifier (responsible party) indicate which trade (s) you are the qualifier for. Please do not include a list of your customers	9.	I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.
6.	Do you certify that you are 18 years of age or older, possess good moral character, and have not been convicted of a crime of the first, second or third degree within 10 years prior to the filing of this application? Yes No If no, attach an explanation.		Signature
7.	Personal Information (Optional)	\dashv	Signature
	Gender: Male Race:		Date
	Female Use the codes on the back of this form.		Date Visit our website 2/20/06 www.state.nj.us/dca/dfs

RENEWAL CERTIFICATION APPLICATION FORM INSTRUCTIONS

Note: Please type or print clearly on the application form. Certification (s) will not be issued unless documentation is received that you meet re-certification requirements. A separate application will be required for **each individual** to be certified.

Section

- 1. Enter your Social Security Number (SSN). The collection of the SSN is voluntary, and is collected under authority of N.J.S.A. 52:27D-25d and Administrative Rule N.J.A.C. 5:3-1.2. Voluntary provision of your SSN will enable the Division of Fire Safety to assign a secondary key for application processing. Provide your state ID number this is the number on the wallet card.
- 2. Provide your name, home address, county where you reside, and telephone number.
- 3. Indicate which certifications you are applying to receive and which services you will perform. Checking the All Fire Protection Equipment Systems box requires only one \$75.00 fee. Additional fee examples are: Fire Alarm System and Fire Sprinkler System would require two fees (\$75.00 + \$75.00 = \$150.00). Please note if you possess all certifications but as separate certifications your fee is still only \$75.00
 - If you checked the Kitchen Fire Suppression System box in Section 3, provide documentation of authorization from the manufacturer or equivalent training program for each type of system which may be installed, serviced, repaired, inspected or maintenance.
- 4. Provide copies of NAFED (National Association of Fire Equipment Distributors) or NICET (National Institute for Certification in Engineering recertification documents whichever applies. Note: those with certifications from both agencies example: All Fire Protection will need documentation of recertification from both NAFED and NICET.
- 5. Provide the business name, address and phone number of each fire protection contractor that you are currently employed.
- 6. Answer the question.
- 7. Provide your gender and indicate your race/national origin which best applies to your ancestral heritage. Providing this information is voluntary.

Codes: 01=American Indian or Alaskan Native

02=Asian or Pacific Islander 03=Black, not of Hispanic origin 04=White, not of Hispanic origin

05=Hispanic

- 8. Application fees are \$75.00 for each certification title checked in the left column in Section 3. Total the fees and attach a check or money order payable to "Treasurer State of New Jersey". Applications will not be processed unless payment is enclosed for all certifications. (Please write your ID# in check memo on check.) Late Fee \$150.00 each certification.
- The application form must be signed and dated. Forward the application form, application fee and supportive documentation to:

Contractor Certification and Emblems Unit Division of Fire Safety 101 South Broad St P.O. Box 809 Trenton, NJ 08625-0809

The physical address is 2 Advantage Court, Bordentown, NJ 08505 if you wish to overnight.

IT IS THE CERTIFICATE HOLDER'S RESPONSIBILITY TO MAKE SURE THAT ALL INFORMATION IS UP TO DATE.

IF YOU CHANGE ANY REQUIRED INFORMATION YOU MUST FILE AN AMENDED APPLICATION.

Questions regarding Fire Protection Equipment Contractor certification requirements and procedures should be directed to the Division of Fire Safety staff at **(609) 324-3560** from 8:30 a.m. to 4:30 p.m. Monday through Friday.