

Renewal Certification Application Form

(INSTRUCTIONS ON REAR OF FORM)



<p>1. SSN Number: _____</p> <p>State ID Number _____</p> <p>Date of Birth: _____</p> <p>2. Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Email: _____</p> <p>H/W/C Telephones: _____</p>	For Official Use Only												
<p>Received: _____</p> <p>Check Number: _____</p> <p>Returned: _____</p> <p>Received: _____</p> <p>Approved: _____</p> <p>By: _____</p>													
<p>3. Contractor Certifications (Check all that apply). <i>Application fees are \$75.00 for each certification title. (This includes All Fire Protection)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> All Fire Protection Equipment Systems (see instructions, p.2)</td> <td style="width: 40%;">NICET / NAFED</td> </tr> <tr> <td><input type="checkbox"/> Fire Sprinkler System</td> <td>NICET</td> </tr> <tr> <td><input type="checkbox"/> Special Hazard Fire Suppression System</td> <td>NICET</td> </tr> <tr> <td><input type="checkbox"/> Fire Alarm System</td> <td>NICET</td> </tr> <tr> <td><input type="checkbox"/> Portable Fire Extinguisher</td> <td>NAFED</td> </tr> <tr> <td><input type="checkbox"/> Kitchen Fire Suppression System</td> <td>NAFED</td> </tr> </table>	<input type="checkbox"/> All Fire Protection Equipment Systems (see instructions, p.2)	NICET / NAFED	<input type="checkbox"/> Fire Sprinkler System	NICET	<input type="checkbox"/> Special Hazard Fire Suppression System	NICET	<input type="checkbox"/> Fire Alarm System	NICET	<input type="checkbox"/> Portable Fire Extinguisher	NAFED	<input type="checkbox"/> Kitchen Fire Suppression System	NAFED	<p style="text-align: center;"><u>Certifying Agency</u></p>
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<p>4. Re-certification requirements:</p> <p>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)</p>	<p>8. Fees:</p> <p>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.</p> <p>Please write your ID# in memo part of check. Applications received after the lapse date must pay a \$75.00 late fee for a total of \$150.00 for each certification.</p>												
<p>5. Employer Information:</p> <p>Please list on a separate sheet of paper all fire protection businesses 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.</p> <p><u>Please do not include a list of your customers</u></p>	<p>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.</p>												
<p>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?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, attach an explanation.</i></p>	<p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Date</p>												
<p>7. Personal Information (Optional)</p> <p>Gender: Male <input type="checkbox"/> Race: <input style="width: 50px; height: 20px;" type="text"/></p> <p>Female <input type="checkbox"/> <i>Use the codes on the back of this form.</i></p>													

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, email and home/work/cell telephone numbers.
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.
9. 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
P.O. Box 809
101 South Broad St
Trenton, NJ 08625-0809**

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.

Visit our website at **<http://www.nj.gov/dca/divisions/dfs/>**

Questions regarding Fire Protection Equipment Contractor certification requirements and procedures should be directed to the Division of Fire Safety staff at **(609) 984-7860** from 8:30 a.m. to 4:30 p.m. Monday through Friday.