



Department of Fire Services Commonwealth of Massachusetts

Application for New Certificate of Competency for Cleaning / Inspecting Commercial Cooking Exhaust Systems (FP-026)

Exam Location:

- Stow
 Springfield

Exam Language:

- English
 Spanish

Exam Date:

___ / ___ / ___

All applications must be submitted to the Office of the State Fire Marshal in accordance with the posted exam schedule. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

I. APPLICATION INSTRUCTIONS

Follow the instructions below to complete the application for a Certificate of Competency:

1. Complete all sections on this form. Incomplete forms will be rejected. Please type or print in ink.
2. Include a check or money order for \$25.00 made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
3. Include with this application one (1) passport style color photograph measuring 2" by 2"; MA residents do not have to send photographs if they permit DFS use of their RMV photograph (see certification page).
4. Attach an endorsement for this applicant's performance of these services for a minimum of 500 hours.
5. If applicable, attach legible copies of any commercial cooking exhaust systems training certificates.

Address change shall be reported in writing to the State Fire Marshal's Office within 14 days of such change to maintain validity of the affected certificate. 527 CMR 1.00: 1.13.1.2(4).

II. CERTIFICATE RESTRICTIONS

***** CHECK THE APPLICABLE RESTRICTION *****

- Type 1 Certificate of Competency for individuals who conduct cleaning and/or inspection for the general public.
 Type 2 **Restricted** Certificate of Competency for individuals who conduct cleaning on cooking operations that they own or operate or that their employer(s) owns or operates.

III. APPLICANT INFORMATION

Name of Applicant: _____ Date of Birth: _____
Last First Middle Month Day Year

Street Address: _____
Residential address required City/Town, State, Zip

Mailing Address (if different) _____
P.O. Box City/Town State Zip

Email Address: _____ Phone: _____

(All renewal notices will be sent electronically)

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Gender: _____

Driver's License: State: _____ Number: _____ Social Security # _____

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Mail completed application to: Department of Fire Services • Attn: Licensing Desk

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775
978-567-3375 • www.mass.gov/dfs

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IV. RELATED WORK EXPERIENCE

Present Employer: _____ Employer's HCI: _____
Employer Address: _____
Employer Phone: (____) _____ How long employed at this position: _____
Position Held: _____

Previous Employer: _____
Employer Address: _____
Employer Phone: (____) _____ How long employed at this position: _____
Position Held: _____

V. APPLICANT LICENSE/CERTIFICATE INFORMATION

Do you currently hold any certifications from other groups or entities? If so, list from whom, type and the license or certificate number:

VI. APPLICANT CERTIFICATION

I attest that I have read and am familiar with 527 (Code of Massachusetts Regulations) CMR 1.00 Section 50, and related reference standards found in NFPA 96, 2021 version. I declare under the penalty of perjury that to the best of my knowledge and belief, the statements made and information given herein are true as of the date of this application

Pursuant to Mass. General Laws Chapter 62C, §49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

My signature below authorizes the Department of Fire Services to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database. This option is available to Massachusetts residents only.

I hereby consent to the release of personal records to confirm the information relative to this application, maintained by any individual or agency. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

Signature: _____ Date: _____

Applicants for Type 1 unrestricted Certificate of Competency must attach a endorsement indicating that you have engaged in the performance of these services for a minimum of 500 hours.

AFFIDAVIT OF ENDORSEMENT FOR

Applicant Name

I, _____, hereby affirm and state as follows:

1. I am currently employed by or otherwise affiliated with:

(Name of Company)

(Complete Address)

(Telephone Number)

2. I am an active holder of a valid Certificate of Competency issued by the Massachusetts State Fire Marshal authorizing me to perform cleaning and or inspection services for commercial cooking exhaust systems. My Certificate of Competency Number is: _____.
3. I have direct and personal knowledge of the qualifications and work performance of the above-named applicant.
4. I have personally and directly observed the applicant perform cleaning and or inspection services for commercial cooking exhaust systems for a minimum of five hundred (500) hours. My statements are based solely on my own observations and are not derived from or dependent upon the representations of others.
5. Based upon my direct observation, I affirm that the applicant has demonstrated the knowledge, skill, and competency necessary to perform such services in compliance with the Massachusetts State Fire Code.
6. I understand and acknowledge that any false statement or material misrepresentation contained herein may result in administrative action, civil penalties, or criminal prosecution, and may further affect both my certification status and the applicant's eligibility for licensure by the Massachusetts State Fire Marshal.

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I declare under the pains and penalties of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

Signed this _____ day of _____, 20____.

Signature of Affiant

Printed Name of Affiant

COMMONWEALTH OF MASSACHUSETTS

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above, and acknowledged the foregoing instrument to be his or her free act and deed.

Notary Public

My Commission Expires: _____

OWNER OR PRINCIPAL ATTESTATION

I, _____, as the Owner or Principal of the above-named company, hereby attest that the affiant is an employee or agent in good standing and is authorized to make the foregoing endorsement. I further attest that, to the best of my knowledge and belief, the information contained in this affidavit is true, accurate, and made in the ordinary course of business.

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If the undersigned is both the affiant and the Owner or Principal of the company, I hereby affirm that I am acting in both capacities and that the foregoing statements are made based upon my personal knowledge and in my capacity as Owner or Principal.

I declare under the pains and penalties of perjury that the foregoing attestation is true and complete.

Signed this _____ day of _____, 20__.

Signature of Owner or Principle

Printed Name of Owner or Principle

COMMONWEALTH OF MASSACHUSETTS

County of _____

On this _____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was

_____, to be the person whose name is signed above, and acknowledged the foregoing instrument to be his or her free act and deed.

Notary Public

My Commission Expires: _____

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ALL Applicants Must Complete This Page

Name: _____ Date _____

In order to help the Department of Fire Services explore the feasibility and necessity of providing the Application for Certificate of Competency for Cleaning/Inspecting Commercial Cooking Operations in languages other than English all applicants must complete the following:

“If you have difficulties completing this application form due to your inability to read the English language, please indicate which language you can read and return this information with the application. Thank you.”

- Portuguese
- Spanish
- Vietnamese
- Mandarin
- Other
- Able to read and understand the English Language

“Se tiver dificuldade para preencher este requerimento porque não entende o Inglês, indique o idioma no qual sabe ler e devolva esta informação junto com o requerimento. Obrigado.”

- Português
- Espanhol
- Vietnamita
- Mandarin
- Outro

“Si tiene dificultades para completar este formulario de solicitud debido a que no puede leer el idioma inglés, favor de indicar en qué idioma puede leer y enviar de regreso esta información con la solicitud. Gracias.”

- Portugués
- Español
- Vietnamita
- Mandarin
- Otro

“Nếu quý vị gặp khó khăn khi hoàn tất mẫu đơn này do quý vị không đọc được tiếng Anh, vui lòng cho biết quý vị có thể đọc ngôn ngữ nào và gửi lại thông tin này cùng mẫu đơn này. Xin cảm ơn”

- Tiếng Bồ Đào Nha
- Tiếng Tây Ban Nha
- Tiếng Việt
- Tiếng Trung Phổ thông
- Khác

“如因不懂英文而無法填寫此申請表，請註明您能看懂的語言，並將此項資訊隨申請表一併交回。感謝您”

- 葡萄牙文
- 西班牙文
- 越南文
- 中文
- 其他

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