



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 or Springfield (circle one) **Exam Date:** ____ / ____ / ____

I. APPLICATION INSTRUCTIONS

1. Follow the instructions below to complete the application for a Certificate of Competency:
2. Complete all sections on this form. Incomplete forms will be rejected. Please type or print in ink;
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. There is currently no fee for this Certificate of Competency.
5. Attach an endorsement for this applicant's performance of these services for a minimum of 500 hours.
6. 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

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 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.

Applicants for the Type 2 Restricted Certificate of Competency do not have to complete this Affidavit and Endorsement Page.

AFFIDAVIT AND ENDORSEMENT FOR _____

Applicant Name

I _____, hereby attest that as the Owner or Principal of:

(Name of Company)

(Complete Address)

(Telephone Number)

a commercial cooking exhaust cleaning company, I endorse the applicant named above as an individual who has demonstrated he/she is competent to conduct cleaning and/or inspection of commercial cooking operations in Massachusetts.

I have personally observed said applicant perform these services for a minimum of 500 hours.

I declare under the penalty of perjury that the statements made and information given herein are true as of the date of this application. 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: _____

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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