



# Department of Fire Services

## Commonwealth of Massachusetts

### Application for Certificate of Registration for Cleaning and Inspection of Commercial Cooking and Exhaust Systems (FP-26A)

**CHECK ONE:**  **NEW**     **RENEWAL**    **HCI #** \_\_\_\_\_ **(for renewal only)**

#### I. APPLICATION INSTRUCTIONS

- Type or print all items on this form, sign the form where indicated.
- As part of this application, you must provide the name, address, and Certificate of Competency (HC) number for each person within your employ.
- A separate application for registration shall be completed for each separate business location.
- Forward with this application, one original inspection/cleaning sticker, and one original orange non-compliance sticker.
- Include a check or money order for \$60.00 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.

#### II. APPLICANT INFORMATION

Name of Firm: \_\_\_\_\_ Operating as of: \_\_\_\_\_  
Month Day Year

Address of Firm: \_\_\_\_\_  
Street Address of the CR Shop City/Town State Zip

Mailing Address (if different): \_\_\_\_\_  
Street and / or P.O. Box City/Town State Zip

Email Address of Contact Person: \_\_\_\_\_  
(All renewal notices will be sent electronically, not by regular mail, effective immediately.)

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

#### III. LIST OF CURRENT EMPLOYEES (that possess a valid Certificate of Competency)

NAME	ADDRESS	HC #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

If additional space is needed, list all other employees on a separate sheet of paper and attach it to this application.

**IV. APPLICANT CERTIFICATION**

I hereby certify that I have read and am familiar with 527 CMR 1.00: Section 1.13.8 pertaining to "Cleaning and Inspection of Commercial Cooking and Exhaust Systems," and 527 CMR 1.00: Chapter 50, relative to "Commercial Cooking", promulgated by the Board of Fire Prevention Regulations. I do further certify that I have read this application and affirm that the statements contained in this application are true and correctly set forth. I also agree as a condition to the receiving of said certificate of registration, that same may be revoked or suspended by the State Fire Marshal for any infraction of, or failure to comply with all rules and regulations of the Board of Fire Prevention Regulations pertaining to the regulated activity.

I hereby authorize the State Fire Marshal, or designee, to enter, examine, and inspect any premises, building, room, establishment, and documents used in connection with the cleaning and/or inspection of commercial cooking and exhaust systems to determine compliance with the provisions of state law and the regulations relating to the regulated activity.

Applicant intends doing business as:    { } Individual            { } Corporation            { } Partnership

**A. Sole Ownership:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**B. Corporation: (Name of corporate officer authorized to execute this document)**

Print President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Vice President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Secretary's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**C. Partnership: (Name of partner authorized to execute this document)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

All incomplete applications submitted to the Division of Fire Safety 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 declare under the penalty of perjury that the statements and information provided 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.**

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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