



Department of Fire Services
Commonwealth of Massachusetts

Application for Renewal of Certificate of Competency for
Cleaning / Inspecting Commercial Cooking Operations (FP-026R)

CERTIFICATE OF COMPETENCY HC # _____

- 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.

I. APPLICATION INSTRUCTIONS

1. Follow the instructions below to complete the renewal 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. Attach a legible copy of other state and/or city Hoodcleaning licenses that you are currently using;
4. If you do not have a driver's license in Massachusetts, attach one (1) color passport style photographs measuring 2"x 2".

527 CMR 1.00: 1.13.1.2(4): 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.

II. 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): _____

Email address: _____

(All renewal notices will be sent electronically, not by regular mail, effective immediately.)

Social Security Number: _____ Phone Numbers: Home (____) _____
 Cell (____) _____

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.)

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

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

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

FP-026R Rev. 1/18

III. APPLICANT 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: _____

IV. 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:

V. 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, 2014 version. I hereby consent to the release of personal records to confirm the information relative to this application, maintained by any individual or agency.

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 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. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Signature: _____ Date: _____