

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

| | CHECK ONE: NEW | RENEWAL I | HCI # | (for renewal only) | | | |
|--|---|-----------|-----------|--------------------|--|--|--|
| ı. | APPLICATION INSTRUCTIONS | | | | | | |
| 0000 | 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. | | | | | | |
| II. | APPLICANT INFORMATION | | | | | | |
| | Name of Firm:Operating as of:Month Day Year | | | | | | |
| Add | dress of Firm: Street Address of the CR Shop | | City/Town | State Zip | | | |
| Ma | ailing Address (if different): | | City/Town | State Zip | | | |
| Email Address of Contact Person: (All renewal notices will be sent electronically, not by regular mail, effective immediately.) | | | | | | | |
| Fed | deral Employer Identification Number (FEIN): _ | | | | | | |
| Business Phone Number: | | | | | | | |
| III. LIST OF CURRENT EMPLOYEES (that possess a valid Certificate of Competency) | | | | | | | |
| NA | AME AI | DDRESS | | HC # | | | |
| _ | | | | | | | |
| 2. | | | | | | | |
| 3. 4. | | | | | | | |
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| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | · | | | | | | |
| If a | If additional space is needed, list all other employees on a separate sheet of paper and attach it to this application. | | | | | | |

| IV. AF | PPLICANT 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. | | | | | | | |
| establishr | authorize the State Fire Marshal, or designee, ment, and documents used in connection with the condetermine compliance with the provisions of st | ne cleaning and/or inspection of commercial co | ooking and exhaust | | | | |
| Applicant | : intends doing business as: { } Individual | { } Corporation { } Partnership | | | | | |
| A. <u>So</u> | le Ownership: | | | | | | |
| Prir | nt Name: | Signature: | | | | | |
| B. <u>Co</u> | <u>Corporation</u> : (Name of corporate officer authorized to execute this document) | | | | | | |
| Pri — | int President's Name: | Signature: | | | | | |
| Pri | int Vice President's Name: | Signature: | | | | | |
| Pri — | int Secretary's Name: | Signature: | | | | | |
| C. <u>Pa</u> | Partnership: (Name of partner authorized to execute this document) | | | | | | |
| Prir | nt Name: | Signature: | | | | | |
| | plete applications submitted to the Division of Fi c, due to an incomplete filing, will be the sole resp | | uance of a license | | | | |
| application | under the penalty of perjury that the statement on. I am aware that there are significant penalticant imprisonment. | | | | | | |
| Applicant | · | | | | | | |

Applicant Signature: _____ Date: _____