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***AUTOMATED CLEARANCE SYSTEM***

*Service Made FAST- EASY - RELIABLE*

BUREAU OF FIRE PROTECTION

**APPLICATION FORM**

**FSIC**

***CHECK BOX OF CLEARANCE APPLIED FOR***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FIRE SAFETY INSPECTION CERTIFICATE**  For Issuance of Occupancy Permit |  | **FIRE SAFETY INSPECTION CERTIFICATE**  For Issuance of Business Permit/ Certificate of Annual Inspection for PEZA | | |
|  | **NEW BUSINESS** |  | **RENEWAL** |

|  |  |
| --- | --- |
| **Business Identification Number (BIN)** | **Tax Identification Number (TIN)** |
|  |  |

**FIRE SAFETY INSPECTION CERTIFICATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF OWNER** | |  | | | |
| **ESTABLISHMENT NAME** | |  | | | |
| TRADE NAME |  | | | BUSINESS NATURE |  |
| EXACT BUSINESS ADDRESS | |  | | | |
| LANDLINE/FAX | | | CELLPHONE NUMBER | | EMAIL ADDRESS |
| AUTHORIZED REPRESENTATIVE  (If Applicant is not the Owner) | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***ATTACHED DOCUMENTARY REQUIREMENTS*** | | | |
| **FSIC FOR OCCUPANCY PERMIT**   |  | | --- | | [ ] COPY OF APPLICATION FORM FOR CERTIFICATE OF  OCCUPANCY FROM OFFICE OF THE BUILDING OFFICIAL  OR ASSESSMENT OF FEES FROM OBO | | [ ] PHOTOCOPY OF CERTIFICATE OF COMPLETION  [ ] AS-BUILT PLAN (If Necessary) |   ***NOTE:*** *Incomplete documentary requirements will be returned to the applicant.* | | **FSIC FOR BUSINESS PERMIT**   |  | | --- | | [ ] BUSINESS PERMIT APPLICATION FORM OR TAX ASSESSMENT BILL FROM THE BUSINESS PERMIT AND LICENSING OFFICE  [ ] COPY OF FIRE INSURANCE (IF ANY) | | [ ] AFFIDAVIT OF UNDERTAKING OF NO  ALTERATION TO BUILDING (For NEW Business  with Valid FSIC Issued for Occupancy) | | |
| I hereby certify the correctness of the information provided above and the completeness of the attached documents.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OVER PRINTED NAME DATE | | | |
|  | | | |
| **VERIFIED BY:** | **DATE RECEIVED** | |  |
| **TIME RECEIVED** | |  |

**BFP-QSF-FSED-002 REV.00 (06.01.18)**

***CLAIM STUB***

CERTIFIED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CUSTOMER RELATION OFFICER DATE**

***NOTE:*** *Authorized Representative must present an Authorization Letter and Copy of Owner’s Identification Card*

**CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FSIC**

**APPLICATION**