



BUREAU OF FIRE PROTECTION

(Region)
(District/Provincial Office)
(Station)
(Station Address) (Station Number) (Station Email)

FSIC

FIRE SAFETY INSPECTION CERTIFICATE APPLICATION FORM

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CHECK BOX OF CERTIFICATE APPLIED FOR

NAME OF OWNER		
BUILDING/FACILITY/STRUCTURE/BUSINESS/ ESTABLISHMENT NAME		
EXACT ADDRESS		
AUTHORIZED REPRESENTATIVE		
TYPE OF OCCUPANCY/ BUSINESS NATURE		
TOTAL FLOOR AREA (M²) :		NO. OF STOREY:
CONTACT NUMBER :		EMAIL ADDRESS:

ATTACHED DOCUMENTARY REQUIREMENTS

☐ FSIC FOR CERTIFICATE OF OCCUPANCY

- [] ENDORSEMENT FROM OFFICE OF THE BUILDING OFFICIAL (OBO)
- [] CERTIFICATE OF COMPLETION
- [] CERTIFIED TRUE COPY OF ASSESSMENT FEE FOR SECURING CERTIFICATE OF OCCUPANCY FROM OBO
- [] AS-BUILT PLAN (IF NECESSARY)
- [] ONE (1) SET OF FIRE SAFETY COMPLIANCE AND COMMISSIONING REPORT (FSCCR) (IF NECESSARY)

FSIC FOR BUSINESS PERMIT

☐ FOR NEW BUSINESS

☐ FOR RENEWAL OF BUSINESS

- [] CERTIFIED TRUE COPY OF VALID CERTIFICATE OF OCCUPANCY
 - [] ASSESSMENT OF BUSINESS PERMIT FEE/ TAX ASSESSMENT BILL FROM BPLO
 - [] AFFIDAVIT OF UNDERTAKING THAT THERE WAS NO SUBSTANTIAL CHANGES MADE ON BUILDING/ESTABLISHMENT
 - [] COPY OF FIRE INSURANCE (IF NECESSARY)
- [] ASSESSMENT OF THE BUSINESS PERMIT FEE/TAX ASSESSMENT BILL FROM BPLO
 - [] COPY OF FIRE INSURANCE (IF NECESSARY)
 - [] ONE (1) SET OF FIRE SAFETY MAINTENANCE REPORT (FSMR) (IF NECESSARY)
 - [] FIRE SAFETY CLEARANCE FOR WELDING, CUTTING AND OTHER HOT WORK OPERATIONS (IF REQUIRED)

NOTE: Incomplete documentary requirements will be returned to the applicant.

I hereby certify the correctness of the information provided above and the completeness of the attached documents.

OWNER/AUTHORIZED REPRESENTATIVE'S SIGNATURE OVER PRINTED NAME DATE

VERIFIED BY BFP-CRO: DATE/TIME

FSIC MONITORING (TO BE FILLED-UP BY BFP PERSONNEL ONLY)

CRO		FCA		FCCA		C,FSSES		FSI		C,FSSES		CFM/MFM		CRO	
DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

PAALALA: "MAHIGPIT NA IPINAGBABAWAL NG PAMUNUAN NG BUREAU OF FIRE PROTECTION SA MGA KAWANI NITO ANG MAGBENTA O MAGREKOMENDA NG ANUMANG BRAND NG FIRE EXTINGUISHER"

"FIRE SAFETY IS OUR MAIN CONCERN"

BFP-QSF-FSED-002 REV.02 (08.24.20)



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CLAIM STUB

CERTIFIED BY:

CUSTOMER RELATION OFFICER

DATE

NOTE: AUTHORIZED REPRESENTATIVE MUST PRESENT AN AUTHORIZATION LETTER AND COPY OF OWNER'S IDENTIFICATION CARD

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