



# BUREAU OF FIRE PROTECTION

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



(Station Number)



(Station Email)

# FSIC

## FIRE SAFETY INSPECTION CERTIFICATE APPLICATION FORM

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 (M <sup>2</sup> ) :		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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>[ ] CERTIFIED TRUE COPY OF VALID CERTIFICATE OF OCCUPANCY</li> <li>[ ] ASSESSMENT OF BUSINESS PERMIT FEE/ TAX ASSESSMENT BILL FROM BPLO</li> <li>[ ] AFFIDAVIT OF UNDERTAKING THAT THERE WAS NO SUBSTANTIAL CHANGES MADE ON BUILDING/ESTABLISHMENT</li> <li>[ ] COPY OF FIRE INSURANCE (IF NECESSARY)</li> </ul> | <ul style="list-style-type: none"> <li>[ ] ASSESSMENT OF THE BUSINESS PERMIT FEE/TAX ASSESSMENT BILL FROM BPLO</li> <li>[ ] COPY OF FIRE INSURANCE (IF NECESSARY)</li> <li>[ ] ONE (1) SET OF FIRE SAFETY MAINTENANCE REPORT (FSMR) (IF NECESSARY)</li> <li>[ ] FIRE SAFETY CLEARANCE FOR WELDING, CUTTING AND OTHER HOT WORK OPERATIONS (IF REQUIRED)</li> </ul> |
|---|---|

**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:

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

CRO	FCA	FCCA	C,FSES	FSI	C,FSES	CFM/MFM	CRO
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
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**

**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"**  
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