



Boston Fire Department Instructions for the Registration for Certified Inspection and/or Cleaning of Commercial Hood and Ventilation Systems Applications

All fields on the applications must be **CORRECTLY AND COMPLETELY FILLED OUT** and attach proof of the 500 hours of experience and the check for the \$25.00 application fee. To waive the requirement of 500 hours experience, the individual must have attended an approved and recognized training school; proof of training must be submitted with this application.

- Incomplete or incorrect application(s) will be returned by mail only.
- Areas that are either incorrect or incomplete will be hi-lighted and if necessary a written explanation will accompany a returned application(s).
- To ensure accuracy when resubmitting the corrected application(s) resubmit the hi-lighted application with your corrections on it.
- Correctly completed applications take 3 – 5 business days for processing and approval review.
- Phone calls on the status of the application should only be made if the application has been in Fire Prevention for more than 2 weeks.
- When the application is approved the registration will be automatically mailed out to the applicant at the applicants address listed on the application.

Reporting loss or inactivation of certification, changes in employment and changes in other application data to the Boston Fire Department Fire Prevention Division

- When making a required notification of any change in your registration, such as employment, address, or status of certification please include the registration number that the Boston Fire Department assigned you for that calendar year, as well as the customer number and the change you are reporting. Those should be made in writing to the Boston Fire Department Fire Prevention Division either thru the mail, fax or e-mail within 5 days of change.

Annual Renewal

- Renewal applications and invoices will be automatically mailed out on or about December 1st of each year following your initial registration. Those applications will need to be reviewed, corrected if necessary, signed and submitted with the appropriate documentation as stated above and a check to the mailing address provided on the invoice. The new registration will be mailed out once the renewal application has been reviewed and approved.



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-2019 Fax: 617-343-3696**

**Application for Registration for Certified Inspection and/or
Cleaning of Commercial Hood and Ventilation Systems**

Select which services applicant is registering for (select one box):

Certified Inspector Certified Cleaner Both

Applicant's Name: _____

Applicant's Mailing Address Information

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone:** _____

Email address: _____

Applicant's Employer Information

Employer: _____

Employer Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employer Phone Number: _____

Applicant's Certification Information (All documentation must be attached, the certification, documented proof of 500 hours experience or if a waiver is requested documented proof of approved training school.)

Certified by: _____

Certification Number: _____ **Expiration Date:** _____

(and)

Proof of 500 hours experience attached: _____

(or if waiver requested)

Training School Attended: _____ **Dates of Attendance:** _____

I have enclosed a copy of my certification, my proof of experience, my registration fee of \$25.00, and understand that it is my responsibility to report any of the following to the Boston Fire Department within five business days of the occurrence:

Loss or inactivation of certification

Changes in employment

Changes in other application data

I certify and attest that the above application data is true and correct to the best of my knowledge and belief and that I have read and understand Chapter 2 of the City of Boston Ordinances of 2008 and 527 CMR 1.00 c 50.

Signed: _____ **Date:** _____

For BFD staff use only

Reviewed by: _____ **Date:** _____ Approved Denied

Reason for denial/further action required: _____