



BUREAU OF FIRE PROTECTION

Region 4A
Rizal Provincial Office
Taytay Fire Station

Don Hilario Ave., Brgy San Juan, Taytay, Rizal | 0917 1489664 | taytayfirestation@yahoo.com

FSIC

APPLICATION NUMBER

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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 ²):	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"> <input type="checkbox"/> CERTIFIED TRUE COPY OF VALID CERTIFICATE OF OCCUPANCY <input type="checkbox"/> ASSESSMENT OF BUSINESS PERMIT FEE/ TAX ASSESSMENT BILL FROM BPLO <input type="checkbox"/> AFFIDAVIT OF UNDERTAKING THAT THERE WAS NO SUBSTANTIAL CHANGES MADE ON BUILDING/ESTABLISHMENT <input type="checkbox"/> COPY OF FIRE INSURANCE (IF NECESSARY) | <ul style="list-style-type: none"> <input type="checkbox"/> ASSESSMENT OF THE BUSINESS PERMIT FEE/TAXASSESSMENT BILL FROM BPLO <input type="checkbox"/> COPY OF FIRE INSURANCE (IF NECESSARY) <input type="checkbox"/> ONE (1) SET OF FIRE SAFETY MAINTENANCE REPORT (FSMR) (IF NECESSARY) <input type="checkbox"/> FIRE SAFETY CLEARANCE FOR WELDING, CUTTING AND OTHER HOT WORK OPERATIONS (IF REQUIRED) |
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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-001 REV.03 (08.02.23)



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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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