



Whitehall Township
Bureau of Fire
3219 MacArthur Blvd
Whitehall, Pennsylvania 18052
Phone: 610-437-5524 Ext. 1129, 1164, 1166
Fax 610-437-6963
HONOR, COMMITMENT,
DEDICATION



Application for Certificate of Fitness

Date: _____

Company Name: _____

Company Address: _____

Company Phone #: _____

Contact Name: _____

Email: _____

Certificate Category

NEW	<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>
SPRINKLER	<input type="checkbox"/>	AFA (CHECK WHICH ONE APPLIES)	
SUPPRESSION	<input type="checkbox"/>	<input type="checkbox"/> NRTL Listed Full Service Central Station	
ERRCS	<input type="checkbox"/>	(listed system monitoring, signal retransmission, installation, service, maintenance)	
FIRE EXTINGUISHERS	<input type="checkbox"/>	<input type="checkbox"/> NRTL Listed Fire Alarm Service- Local Company (listed system installation, service/maintenance)	
FIREWORKS	<input type="checkbox"/>	<input type="checkbox"/> NRTL Listed Monitoring Only Central Station (listed monitoring only central station subcontracted to monitor system)	
BLASTING/EXPLOSIVES	<input type="checkbox"/>		

*Please attach all certification and training documentation.
Applications without documentation will be rejected. *

Amount due: \$125.00/system

Signature _____

Deputy Fire Marshall Approval
Disposition ACCEPTED REJECTED

Remarks _____
