



# BUREAU OF FIRE PROTECTION AUTOMATED CLEARANCE SYSTEM

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# FSIC

APPLICATION FORM

**CHECK BOX OF CLEARANCE APPLIED FOR**

<b>FIRE SAFETY INSPECTION CERTIFICATE</b> For Issuance of Business Permit	<b>FIRE SAFETY INSPECTION CERTIFICATE</b> For Issuance of Business Permit/ Certificate of Annual Inspection for PEZA	
	<input type="checkbox"/> <b>NEW BUSINESS</b>	<input type="checkbox"/> <b>RENEWAL</b>

<b>Business Identification Number (BIN)</b>	<b>Tax Identification Number (TIN)</b>

<b>NAME OF OWNER</b>			
<b>ESTABLISHMENT NAME</b>			
<b>TRADE NAME</b>		<b>BUSINESS NATURE</b>	
<b>EXACT BUSINESS ADDRESS</b>			
<b>LANDLINE/FAX</b>	<b>CELLPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	
<b>AUTHORIZED REPRESENTATIVE</b> <small>(If Applicant is not the Owner)</small>			

**ATTACHED DOCUMENTARY REQUIREMENTS**

<b>FSIC FOR OCCUPANCY PERMIT</b> <input type="checkbox"/> COPY OF APPLICATION FORM FOR CERTIFICATE OF OCCUPANCY FROM OFFICE OF THE BUILDING OFFICIAL OR ASSESSMENT OF FEES FROM OBO <input type="checkbox"/> PHOTOCOPY OF CERTIFICATE OF COMPLETION <input type="checkbox"/> AS-BUILT PLAN (If Necessary)	<b>FSIC FOR BUSINESS PERMIT</b> <input type="checkbox"/> BUSINESS PERMIT APPLICATION FORM OR TAX ASSESSMENT BILL FROM THE BUSINESS PERMIT AND LICENSING OFFICE <input type="checkbox"/> COPY OF FIRE INSURANCE (IF ANY) <input type="checkbox"/> AFFIDAVIT OF UNDERTAKING OF NO ALTERATION TO BUILDING (For NEW Business with Valid FSIC Issued for Occupancy)
<b>NOTE:</b> 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.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE

<b>VERIFIED BY:</b>	<b>DATE RECEIVED</b>	
	<b>TIME RECEIVED</b>	

BFP-QSF-FSED-002 REV.00 (06.01.18)

**NOTE:** Authorized Representative must present an Authorization Letter and Copy of Owner's Identification Card

**CONTACT INFORMATION:**

FO1 Consuelo S Guevarra  
CUSTOMER RELATION OFFICER

CERTIFIED BY:

\_\_\_\_\_  
DATE