



BUREAU OF FIRE PROTECTION AUTOMATED CLEARANCE SYSTEM

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FSIC APPLICATION FORM

CHECK BOX OF CLEARANCE APPLIED FOR

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

Business Identification Number (BIN)	Tax Identification Number (TIN)

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

ATTACHED DOCUMENTARY REQUIREMENTS

FSIC FOR OCCUPANCY PERMIT <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)	FSIC FOR BUSINESS PERMIT <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)
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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.

SIGNATURE OVER PRINTED NAME

DATE

VERIFIED BY:	DATE RECEIVED	
	TIME RECEIVED	

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: _____ email: _____

DATE

CUSTOMER RELATION OFFICER

CERTIFIED BY: