

EXETER TOWNSHIP

4975 DeMoss Road
Reading, PA 19606

Phone (610) 779-4888
Fax (610) 779-5950

DEPARTMENT OF FIRE CODES & INSPECTIONS

CERTIFICATE OF FITNESS POLICY STATEMENT

Exeter Township requires a Certificate of Fitness for individuals or companies performing activities related to fire safety within the jurisdiction. The types of operations include but not limited to the following:

- Any / all types of Fire Protection and Suppression systems;
- Hood and Duct installers,
- Blasting
- Demolition
- Fireworks
- Fire extinguishers
- All types of flammable / combustible installs, removals etc.

A Certificate of Fitness is a written document issued by Exeter Township to any person or company for the purpose of granting permission to such person to conduct or engage in any operation or act for which certification is required. The certificate of fitness provides evidence that the person or company performing work is qualified, experienced, trained, skilled and competent.

A Certificate of Fitness may be revoked or cancelled because of the applicants' inability to comply with the provisions of the code, inadequate or inappropriate workmanship or false statements and misrepresentations.

The applicant shall complete the application and provide documentation of experience, training and education levels of employees and business.

Certificates of Fitness are issued on an annual basis and must be renewed during the month of December.

FEE IS \$100.00

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CONTRACTOR'S CERTIFICATE OF FITNESS APPLICATION

NEW _____ RENEWAL _____ License # _____

APPLICATION DATE: _____ (FOR DEPT USE ONLY)

BUSINESS INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

NUMBER OF YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

Primary type of contracting done by your firm:

Sprinkler / Standpipe: _____ Hood / Duct Installers: _____ Tanks (Install/removal): _____

Monitoring: _____ Fire suppression systems: _____ Automatic Fire alarm/detection: _____

Blasting: _____ Demolition: _____ Fireworks _____ Fire Extinguishers: _____ Other: _____

OWNER INFORMATION

OWNER NAME: _____

ADDRESS: _____ PHONE: _____

INSURANCE INFORMATION

INSURANCE COMPANY NAME: _____

AGENT NAME: _____

ADDRESS: _____ PHONE: _____

INS POLICY NO.: _____ INS LIABILITY AMT: _____ EXP. DATE: _____

WORKERS COMPENSATION POLICY NO.: _____ EXP DATE: _____

(A copy of Certificate of Insurance MUST BE SUBMITTED with this application)

TAX INFORMATION

EXETER TOWNSHIP BUSINESS LICENSE NO: _____
