DEPARTMENT OF FIRE & RESCUE SERVICES
OFFICE OF FIRE MARSHAL

815 Washington Street, Suite 1-41
Reading, PA 19601
610-655-6080
fire.marshal@readingpa.gov

CERTIFICATE OF FITNESS APPLICATION

Date: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Fax: _____

Point of Contact Email: _____

Type New

Category N/A Fire Alarm Service Contractor

Alarm Service Company Type N/A

All training and certification documentation is required to be attached to this completed form.

All applicable fields completed ☐

Documentation Attached ☐

Payment Attached ☐

Applicant Signature: _____

Application Cost 1 Caregory= $150.00

Fire Marshal Signature: _____

Disposition Blank

Reason for Rejection: _____

_____

_____