

**CERTIFICATE OF COMPLIANCE C**  
**(FIRE SAFETY REQUIREMENTS)**

**Part 1**

I/We\*, (a) \_\_\_\_\_ (\_\_\_\_\_) (HKID No.: \_\_\_\_\_),  
(Surname) (Other Names) (Name in Chinese)

(b) \_\_\_\_\_ (\_\_\_\_\_) (HKID No.: \_\_\_\_\_),  
(Surname) (Other Names) (Name in Chinese)

and (c) \_\_\_\_\_ (\_\_\_\_\_) (HKID No.: \_\_\_\_\_),  
(Surname) (Other Names) (Name in Chinese)

being the fire service installation contractor(s) registered under Regulation 3 of the Fire Service (Installation Contractors) Regulations (Cap. 95A) and I,

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_,  
(Surname) (Other Names) (Name in Chinese)

holder of Hong Kong Identity Card number \_\_\_\_\_, being the authorised person/structural engineer\* registered under Section 3 of the Buildings Ordinance (Cap. 123), both do hereby certify and declare as follows :

In respect of the premises known as \_\_\_\_\_  
(Shopsign in English)

(\_\_\_\_\_) \_\_\_\_\_, situated at \_\_\_\_\_  
(Shopsign in Chinese) (Address of Premises)

\_\_\_\_\_ and being  
under application for a Provisional \_\_\_\_\_ Licence

by \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_,  
(Name of Applicant in English) (Name of Applicant in Chinese)

all fire safety requirements listed as Category C requirements in the Letter of Requirements addressed to the abovenamed applicant by the Director of Fire Services (D of FS) dated \_\_\_\_\_ (dd/mm/yyyy) have been fully complied with. We

have personally verified such compliance by inspection of the subject premises on \_\_\_\_\_ (dd/mm/yyyy) and \_\_\_\_\_ (dd/mm/yyyy) respectively.

(Date of Inspection by Fire  
Service Installation Contractor)

(Date of Inspection by Authorised  
Person/Registered Structural Engineer\*)

We have read the said fire safety requirements and understand the contents thereof. We also understand that all matters covered by this Certificate will be subject to further verification by the Licensing Authority and the Fire Services Department (FSD) and that if we wilfully or negligently give false or misleading information in this Certificate, we shall render ourselves liable to legal action and/or other penalties.

- Certificate(s) of Fire Service Installations and Equipment (FS 251) is/are enclosed.
- Fire Service Installation (FSI) Plans (FSI/314A), FSI Plans for Prescribed Commercial Buildings (FSI/314B), FSI Plans for Composite Buildings/Domestic Buildings (FSI/314C) is/are enclosed.

\* Please delete where appropriate.  
 Please tick the appropriate box

- (a) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm\*:

Company Chop	Signature
Registration Number	(Name and HKID No. of the authorised representative)
Date (dd/mm/yyyy)	

- (b) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm\*:

Company Chop	Signature
Registration Number	(Name and HKID No. of the authorised representative)
Date (dd/mm/yyyy)	

- (c) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm\*:

Company Chop	Signature
Registration Number	(Name and HKID No. of the authorised representative)
Date (dd/mm/yyyy)	

- (d) Signature of authorised person/registered structural engineer or its authorised representative if authorised person/registered structural engineer\* is an employee/director/partner\* of a company/partnership firm\*:

Company Chop	Signature
Date (dd/mm/yyyy)	(Name and HKID No. of the authorised representative)

Registration number: \_\_\_\_\_ Expiry date of registration : \_\_\_\_\_  
(dd/mm/yyyy)

Registered address : \_\_\_\_\_

Name of company/partnership firm\* : \_\_\_\_\_

\* Please delete where appropriate.

**Part 2 - For food business licence application only (to be completed by the applicant)**

- I hereby declare that there are no polyurethane (PU) foam filled mattresses and upholstered furniture in the subject premises.

**For PU Foam Filled Mattresses and Upholstered Furniture Used in the Subject Premises**

- (1) I declare that the PU foam filled mattresses and upholstered furniture (“the said furniture”) used in the subject premises do conform to the standards as stipulated in the fire safety requirements issued to me by D of FS dated \_\_\_\_\_ (dd/mm/yyyy);
- (2) I warrant that there are relevant invoice(s) and test certificate(s) of the said furniture to prove that the said furniture do conform to the standards as stipulated in the fire safety requirements issued by D of FS;
- (3) If the relevant invoice(s) and test certificate(s) of the said furniture cannot be produced during the FSD’s verification inspection, I shall produce the relevant delivery note(s)<sup>#</sup> of the said furniture to FSD as an interim measure and undertake to produce the relevant invoice(s) and test certificate(s) to FSD for verification within 8 weeks from the date of the verification inspection; and
- (4) I acknowledge that the Licensing Authority shall have the right and absolute discretion to refuse to grant a Provisional Licence to me or cancel the Provisional Licence issued to me at any time if I fail to produce the relevant delivery note(s), invoice(s) or test certificate(s) as and when required.

I understand and acknowledge that the Licensing Authority and FSD shall have the right to investigate and verify any information, delivery note(s), invoice(s) or test certificate(s) provided and produced pursuant to this Certificate of Compliance and that I shall be subject to sanctions including but not limited to the refusal of the grant of a Provisional Licence or immediate cancellation of the Provisional Licence if I provide any information or produce any delivery note(s), invoices(s) and test certificate(s) which may be false or misleading.

Signature of applicant:

Name of applicant	(                    ) (Name in Chinese)	Signature/Company Chop
Date (dd/mm/yyyy)		(Certificate of Incorporation No./ HKID No. of the applicant)

- Please tick the appropriate box.
- # The delivery note must contain a list of the concerned PU foam filled mattresses and upholstered furniture with details of types, quantity and colour.