

FORM – M
{(see section 9(1) and rule 13)}
Application for License to act as Licensed Agency.

Please affix here
Court Fee Stamp of
Rs.5/-

To,

The Director or Chief Fire Officer or Nominated Officer

Sub : Grant or renewal of License to act as Licensed Agency for the purposes of the Maharashtra Fire Prevention and Life Safety Measures Act, 2006 (Mah.III of 2007).

Sir,

The undersigned hereby applies for grant of or renewal of License to act as a Licensed Agency for undertaking and executing the work of providing installation of equipments and maintenance of fire prevention and life safety measures in any place, building or part thereof. The particulars regarding the Agency are given below :-

(1)	Full Name of the Applicant with Company name. (in capital letters)	
(2)	Whether Licensed Agency will be a Proprietary Concern or an Association of persons such as a Firm or Company, etc.	
(3)	Registration No. of Firm or Company (Copies of Registration Certificate, Article of Association or other relevant document appended).	
(4)	Address	
(5)	If the Licensed Agency will be -	
	(a) a proprietary concern, the name, qualifications and address of the person operating the same.	
	(b) a firm or company, names, qualifications and addresses of each of the partners, or as the case may be, Directors.	
(6)	Office address from where the Agency will act as a Licensed Agency-	
(7)	Class & category for which Licence is applied for-	
(8)	Personnel with the Agency -	
	(a) Supervisory staff- names, qualifications and addresses of each-	
	(b) Other employees - names, qualifications and addresses of each-	
(9)	Details of work with regard to Fire Prevention and life safety measures, if any, undertaken and executed previously-	
	(a) name or nature of work	
	(b) approximate cost of work	
	(c) Whether the work is executed or still in progress and remains to be	

	executed. (Note:- original or attested copies of Certificate of verification of above details by the officers under whom works are carried out are attached).	
(10)	Technical qualifications and experience of the proprietor or partners or directors and dealing technical officers or employees of or with the applicant.	
(11)	Workshop machinery, tools and plant owned by the applicant, (location and site of workshop and full details to be given).	
(12)	Whether enlisted with any other department or Organization in any other State. If so, in which category.	
	(a) Has the applicant or his partners or Directors been blacklisted in the past by any Government Department / Organization / other State?	
	(b) Has the applicant applied for registration elsewhere in his name or in the names of partner, Director or firm or company? If so, whether the application is rejected? Give particulars.	
(13)	Whether the applicant has produced up to date Income tax certificate.	
(14)	Amount of solvency certificate, which the applicant has held or produced.	
(15)	A fee of Rs. _____ will be paid by NEFT.	
(16)	If the application is for renewal of the existing licence, the details in respect of the licence and the period of its validity (copy of the licence appended)-	
(17)	Whether, the licence to act as a Licensed Agency granted any time previously has been suspended or cancelled; and if so, reasons there for.	

I / We certify that I / We have not been and will not get myself or ourselves registered as licensing Agency with the Director, Maharashtra Fire Services or with any Municipal Corporation /Council/Nagar Panchayat or any Special Planning Authority under more than one name.

Thanking you,

Yours faithfully,

Applicant

Please make online application on www.mahafireservice.gov.in > e-license Approval.
(Applicable for new applicant only.... not for renewal of license)

DIRECTORATE OF MAHARASHTRA FIRE SERVICES

CHECK LIST FOR FILLING UP FORM-M FOR LICENCE

Name of the Applicant/ Agency	
Address	
Telephone & Fax No.	
Mobile No.	
E-Mail ID	

Please check whether given below documents are attached or not.

Sr. No.	Details requires as per the Fields in Form M and the requirements prescribed under Rule 12, 13 & 16 of the Maharashtra Fire Prevention & Life Safety Measures Rule, 2009.	If Enclosed		Remarks
		Yes	No	
1	Please affix Court Fee stamp of Rs.5/- on Application 'Form-M'			
2	Address to : The Director, Maharashtra Fire Services, Vidyanagari, Hans Bhugra Marg, Kalina, Santacruz (East), Mumbai 400 098.			
3	Full name of the applicant (in capital letters) here you are required to give the full name of the agency only.			
4	Registration number – In case of – a) If the agency is company (Public Ltd / Private Ltd), then the number appear in registration certificate. (Attested copies of memorandum of association and articles of association are enclosed). b) If the agency is partnership firm, and if it is registered, then attested copy of deed of Partnership and power of attorney to be enclosed. c) If the agency is Proprietary Concern then, declaration on Rs.100 stamp paper giving the name, address and since when it is functioning (doing business of fire fighting / detection / passive protection installation work.			
5	Address (in case of agency is company, write here the address given in the registration certificate.			
6	a) Qualifications and address of the – Directors (in case of company public / private) Partners (in case of partnership) Proprietor (in case of proprietorship concern) (Copies of qualifications duly attested by MP/MLA/Nagarsevak/Special executive magistrate/gazetted officer or notarised are enclosed?) b) Attested passport photographs of Partners / Directors / Individual Proprietors.			
7	Office address from where the agency will act as a Licensed Agency. (The address may either given in the registration certificate or if it will be functioning from the other place / branch office opened in Maharashtra, then mention here such address from which is to be mentioned on the licence.			
8	Class for which licence is applied for - Mention specifically the type of work agency desire to execute / to have licence (Separate application for each type of class of work i.e Fire Fighting or Detection Work or Passive Protection Work.) Tick mark the class for which you are eligible on the basis of annual turnover.			

	<p>Cost of annual works executed in a single year out of last three years out of which atleast in one financial year you must have executed and achieved minimum turnover (rupees in lakh) prescribed as mentioned below):</p> <table border="1"> <thead> <tr> <th>Class of licence</th> <th>Fire Fighting System Installation such as hydrants, Sprinklers, Pumping.</th> <th>Detection–Smoke detection, Hit detection, UV, Beam detector, manual call point and fire suppression system</th> <th>Passive Protection such as cable protection fire doors, still member protection glass protection, smoke management system, etc.</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>500.00</td> <td>200.00</td> <td>200.00</td> </tr> <tr> <td>B</td> <td>300.00</td> <td>100.00</td> <td>100.00</td> </tr> <tr> <td>C</td> <td>200.00</td> <td>50.00</td> <td>50.00</td> </tr> <tr> <td>D</td> <td>100.00</td> <td>25.00</td> <td>25.00</td> </tr> </tbody> </table> <p>Fire Fighting System : A / B / C / D Detection System : A / B / C / D Passive Protection System: A / B / C / D</p>	Class of licence	Fire Fighting System Installation such as hydrants, Sprinklers, Pumping.	Detection–Smoke detection, Hit detection, UV, Beam detector, manual call point and fire suppression system	Passive Protection such as cable protection fire doors, still member protection glass protection, smoke management system, etc.	A	500.00	200.00	200.00	B	300.00	100.00	100.00	C	200.00	50.00	50.00	D	100.00	25.00	25.00			
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9	<p>Personnel with the agency.- names, qualifications and addresses of each. a) Supervisory staff (heads/officers of technical deptt/accounts etc. Dept.). b) Other employees working in technical / non technical deptt.</p>																							
10	<p>Details of works of fire fighting/detection/passive protection work executed in the previous financial years(i.e excluding the financial year in which application is now made for licence/renewal of license. Such information should contain the orders received, with date of work orders, details of works(items of fire fighting/detection/passive protection items and its cost with installation, commissioning, with or without vat and or service tax etc, if the work is completed in that financial year or a part of it carried forward to the next financial year etc.. This information for each financial year is to be given in the prescribed proforma 'A' enclosed with this check list, should be signed by the Chartered Accountant/Register Income Tax practitioner and the certificate to that effect in the prescribed proforma 'B' enclosed with this check list, duly signed by the chartered accountant to be enclosed with application. Hence you have to enclosed. (1) Annual Turn over Certificate duly signed by C.A. (Proforma-'B') (2) Statement of Annual cost of work executed duly signed by C.A. (Proforma-'A'). (3) Copies of work orders with BOQ/Estimate/Quotation/Bills. (works executed and work under execution, new or old), (4) Work completion certificate/letters/testing & commissioning reports, as the case may be, from the respective clients.</p>																							
11	<p>Technical qualifications and experience of the Directors or the Partners or proprietor and dealing Technical Officers or employees of an agency(repeat the information given in Item No.4 and 8 above. This information is require to ascertain that the applicant agency has Director / Partner / Proprietor has and in case they don't have such necessary qualification and experience as prescribed in Rule 12 of Maharashtra Fire Prevention and Life Safety Measures Rules,2009, then they have appointed in their agency such officers having above mentioned qualification and experience. To this effect the declaration should be given in the Proforma 'C' enclosed with this check list.</p>																							
12	<p>Full Details of plant, machinery and tools owned by the applicant agency, with description and numbers. And such plant, machinery and or tools are kept on the site of work shop, then full details of location shall be provided with the application.</p>																							
12	<p>a) If the applicant agency is enlisted with any other Department or Organization in any other State, for installation of fire prevention</p>																							

	and fire protection machinery only then give the category viz. fire fighting or detection or passive protection and its class, if any. If so say. If any other work, say No.											
12	<p>b) If any director or partner or proprietor has been in the past black listed by any Govt Deptt/Organization/other State? The declaration should be given in the following profoma on Rs.100/- stamp paper to be enclosed with the application.</p> <p>I hereby declare that the applicant or any of the Directors / Partners / being Proprietor (strike out the words not applicable) or is Company / Partnership Firm / Proprietorship Concern (strike out the words not applicable) has not been black listed in the past by any Govt Deptt / Organisation / other State. (Proform-‘D’).</p>											
13	<p>c) Has the applicant applied for registration (to act as licensed agency) elsewhere (any other Municipal Corporation / Council / in any other State for carrying out installation of fire prevention and fire protection machinery) in his name or in the names of Partner / Director / Firm / Company. If yes give details. If the application is rejected then give particulars i.e reasons for rejection of application. If it has not applied then say NO.</p>											
14	Copies of Income Tax Certificate / IT Return of previous three Assessment years (if the financial year is 2015-16 then the Assessment return will be for the year 2016-17 and like wise.)											
15	<p>Minimum Solvency certificate from nationalized / scheduled / Co-operative Bank, in original to be enclosed with the application.</p> <p>Amount of Solvency–‘A’ class Rs.15,00,000/- ‘B’ Class Rs.10,00,000/-, ‘C’ class Rs.5,00,000/- ‘D’ Class Rs.2,50,000/-.</p> <p>If applicant does not wish to enclose original solvency certificate in that case the applicant agency shall be required to submit / enclose a copy of original solvency certificate duly signed and stamped by the Manager of the respective Bank.</p>											
16	<p>Registration/Renewal Fee :- ‘A’ Class Rs.25,000/-, ‘B’ Class Rs.15,000/-, ‘C’ Class Rs.5,000/-, ‘D’ Class Rs.2,500/-</p> <p style="text-align: center;">Details of Bank Account for NEFT payment</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Name of the Bank & Branch</td> <td>Reserve Bank of India, Fort, Mumbai-400001.</td> </tr> <tr> <td>IFS Code of RBI</td> <td>RBIS0MBPA04 (Both “O” Stand for Zero)</td> </tr> <tr> <td>P.L Account No</td> <td>6184087001</td> </tr> <tr> <td>Account Name</td> <td>“Director, Maharashtra Fire Services, Mumbai”</td> </tr> </table> <p>Registration fee to be paid through “NEFT” only, after approval of License.</p>	Name of the Bank & Branch	Reserve Bank of India, Fort, Mumbai-400001.	IFS Code of RBI	RBIS0MBPA04 (Both “O” Stand for Zero)	P.L Account No	6184087001	Account Name	“Director, Maharashtra Fire Services, Mumbai”			
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P.L Account No	6184087001											
Account Name	“Director, Maharashtra Fire Services, Mumbai”											
17	<p>If application is new say Yes / No</p> <p>If application is for renewal of existing licence then give the validity period and enclosed the copy of existing licence. And it shall be the responsibility of the applicant agency that such application for renewal of licence should be complete in all respect and be submitted two months before the expiry of validity period of the existing licence in the Directorate of Maharashtra Fire Services.</p>											
18	If at any time the licence to act as licensed agency granted by Directorate of Maharashtra Fire Services or by any Municipal Corporation / Council / Planning Authority or any other State any time previously has been suspended or cancelled. If so give reasons therefore.											
19	Copies of Pan Card, VAT, TIN, Sales Tax, Service Tax, Company Registration certificate.											
20	Copies of previous three financial years balance sheet (audited / provisional) in case of new application. Copy of balance sheet of preceding financial year (if the application for renewal of licence is submitted in the current financial year, then the applicant agency shall enclose copy of immediate previous financial year).											

21	Copies of letters (mentioning the breakup of value of work order date of beginning of work and date on which work completed)/testing reports from the clients whose works of installation/commissioning of fire fighting/detection/passive protection items completed / executed in each financial year.			
22	Bank Stament for reconciliation of transactions.			
23	List of Form A and B issued to the clients by the existing licensed agencies only.			
24	Copy of previous license issued. (Not applicble for New applicant)			
25	Please make online application on www.mahafireservice.gov.in > e-license Approval and submit the printout. (Not applicable for Renewal of license).			
26	Authorisation letter from Applicant/Agency for deputed person representing Applicant/Agency for processing of application.			
27	INDEX OF DOCUMENTS MENTIONED FROM SR.NO.1-25 ABOVE WITH EACH AND EVERY DOCUMENTS. ALL PAGES SHOULD BE NUMBERD.			

Date :

Place :

*(Signature, Name & Designation
Of Authorised Director/ Partner
or Proprietor)
(Cell No. & email ID of
such signing authority)*

Proforma-B
Certificate from Chartered Accountant/
Registered Income Tax Practitioner on his letter head.

This is to certify that M/s..... has executed the works of Fire Prevention and Fire Protection viz. installation of Hydrant-Sprinklers-Wet Riser/Extinguishers, detection and fire suppression/Passive Fire Protection, during the financial years of 20..... -20....., 20..... -20..... and 20.....-20..... I have verified and certified the work orders/purchase orders/quotations/indents and work completion certificates of all clients whose work executed and are billed, are enclosed herewith.

I have also verified that the annual turn over shown below:-

1. Is of only installation of Hydrant-Sprinklers-Wet Riser/Extinguishers, detection and fire suppression/Passive Fire Protection and that any turnover generated by A.M.C., trading or any other activities which are not related with above works are not reflected in the annual turnover.
2. The works executed and billed by M/s..... included in the annual turnover of respective financial year and even though the payment for the same received in the next financial year, such amount are not reflected in the subsequent/next financial year. The details of such transactions are verified by me and are enclosed herewith.
3. The payments from the clients whose purchase order are not made available, such client's indents/quotations /works completion certificate and the payments received for, are also verified by me and that the copies of such indents/quotations/works completion certificate and the statement of payment of such works are enclosed.
4. The work orders/purchase orders of work in progress and its value is as per the enclosed statement.

Based on the above information, the annual turnover and the cost of work in progress plus work in hand is as follows:

Financial Year	Cost of annual works executed by firm / company / proprietary firm is as follows :(rupees in lakhs)		
	Fire Fighting System Installation such as hydrants, Sprinklers, Pumping	Detection – smoke detection, Hit detection, UV, Beam detector, manual call point and fire suppression system	Passive Protection such as cable protection fire doors, still member protection glass protection, smoke management system, etc.
2014-15			
2015-16			
2016-17			
Work in Progress (Balance work of 2016-17)			
Work in hand 2017-18			
Total of Work in Progress & Hand			

Place :

Signature & stamp of
Chartered Accountant/
Registered Income Tax Practitioner.

Date :

Proforma-C
Declaration on Company Letter Head

Since myself being The Proprietor / partner / director **has/has no(strike out not applicable words)** requisite qualification and experience, **I have/have also employed(strike out not applicable words)** the persons whose details are given below, has experience in executing fire prevention and fire protection system, as laid down in the **National Building Code,2005** or the code published by the **National Fire Protection Association (NFPA USA) 2008**, and that the photograph bearing their own signature and copies of my/their qualification certificates attested by appropriate authority are enclosed herewith:-

Sr. No.	Name	Position held in Company/ Firm	Qualification	Actual experience of executing Fire Prevention and Fire Protection System as per NBC,2005 and NFPA,2008.

Place :

Date :

Name and Signature of
 Director/Partner/Proprietor

Proforma-D

**ORIGINAL AFFIDAVIT ON RS.100/- COURT FEE STAMP PAPER
DECLARATION ABOUT NON-BLACKLISTING**

THIS IS TO CERTIFY THAT MY "SOLE PROPRIETOR FIRM / PARTNERSHIP FIRM / COMPANY / CORPORATION OR ITS PROPRIETOR / ANY PARTNER / ANY OF ITS DIRECTOR HAS NOT BEEN BLACKLISTED BY ANY GOVERNMENT DEPARTMENT OR ORGANISATION OR ANY OTHER STATE."

Place :

Date:

Name and Signature of Director/
Partner/Proprietor.