



CERTIFICATE OF FITNESS APPLICATION

DATE

PLEASE PRINT ALL INFORMATION CLEARLY

(See Reverse for Important Information)

<p>CERTIFICATE NUMBER ASSIGNED</p> <input style="width:100%; height:15px;" type="text"/> <p>FOR OFFICIAL USE ONLY</p>	<p>CLASS: <input type="checkbox"/></p> <p>TYPE: <input type="checkbox"/></p>	<p>ENTER TYPE OF CERTIFICATE OF FITNESS APPLYING FOR:</p> <hr/>
<p>LAST NAME FIRST NAME M.I.</p> <input style="width:100%; height:15px;" type="text"/>		<p>SOCIAL SECURITY NUMBER</p> <input style="width:20%; height:15px;" type="text"/> - <input style="width:20%; height:15px;" type="text"/> - <input style="width:20%; height:15px;" type="text"/>
<p>ADDRESS APT. CITY OR BOROUGH STATE ZIP CODE</p> <input style="width:100%; height:15px;" type="text"/>		
<p>EXPERIENCE—TYPE "X"</p> <input type="checkbox"/> PRACTICAL EXP. <input type="checkbox"/> TRADE SCHOOL		<p>EXPERIENCED—LENGTH</p> <p>YEARS MONTHS</p>
<p>DATE OF BIRTH</p> <input style="width:20%; height:15px;" type="text"/> - <input style="width:20%; height:15px;" type="text"/> - <input style="width:20%; height:15px;" type="text"/>		
<p>SEX "X"</p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<p>WEIGHT HEIGHT PERSONAL EMAIL ADDRESS</p> <input style="width:100%; height:15px;" type="text"/>

PREMISES RELATED

EMPLOYER NAME

APPLICANT'S WORK ADDRESS

CITY OR BOROUGH STATE ZIP CODE

FALSIFICATION OF ANY STATEMENT HEREIN IS AN OFFENSE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH (NYC ADMINISTRATIVE CODE, O.C. SECTION 1151-9.0/N.C. 10-154)

<p>APPLICATION MUST BE SIGNED TO BE PROCESSED!</p>	<p style="font-size: 2em; font-weight: bold;">X</p> <hr/> <p>APPLICANT'S SIGNATURE DATE</p>
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DO NOT WRITE BELOW THIS LINE

CHECK HERE IF N/F ACCOUNT I.D. (INITIALS)

EXAMINER'S SIGNATURE: _____

EXAMINER'S IDENTIFICATION NUMBER

TEST RESULT: PASS: _____

FAIL: _____

EXAM INFORMATION

1. The application for Certificate of Fitness is available at **Fire Prevention**, 9 MetroTech East, Brooklyn, New York 11201-3857, (enter at Flatbush Avenue, between Myrtle Avenue and Tech Place).
2. Examinations are conducted **Monday through Friday** (except Legal Holidays) **8:00 A.M. to 2:30 P.M.** No exams will begin after **2:30 P.M.** Appear early to avoid delay. Bring a pen.

NOTE NO. 1—The exam for **Fire Safety Director** is held every **Tuesday, Wednesday and Thursday** at **8 A.M.**

NOTE NO. 2 The exam for **EMERGENCY ACTION PLAN (EAP)** is held **Mon-Fri 8am to 12pm**

3. A fee of \$25.00 per exam in cash, check, money order or credit card (NO DEBIT) payable to the New York City Fire Department must be paid before taking any certificate of Fitness Exam.
4. Examinations are conducted in **English only**.
5. Applicants requesting oral tests must **telephone for an appointment** at (718) 999-1988.

ORIGINAL APPLICANT REQUIREMENTS

1. You must be at least **18 years of age**.
2. You must have a reasonable **understanding of English**.
3. You must bring a **letter of recommendation** from your present or future employer.

NOTE NO. 1 The letter must be on your present or future **employer's letterhead** and must contain the following information:

- a. Full name of applicant.
- b. Applicant's experience for the Certificate of Fitness that he/she is applying for.
- c. Address of the building where certificate is to be used (if premise related).
- d. Information relative to habits, character and physical condition of applicant.

NOTE NO. 2 If self-employed, bring in a **notarized written statement** containing the information in letters "a" through "d" above.

4. In limited cases, original tests are permitted without letters of recommendation and is intended for job seeking purposes. However, a letter from an employer will be required before a certificate is issued. Call (718) 999-1988 for specific information.
5. You must bring two (2) pieces of **satisfactory identification**, i.e., driver's license, passport, work I.D. card (with photo).
6. If applying for a **standpipe or sprinkler system** certificate you must bring in a **sketch or plan** of the system for which the certificate will apply.
7. If applying for certificate for **supervisor of bulk oil plant, magazine keeper, blaster, powder carrier, operator of explosive vehicle, handler of explosives or pyrotechnist**, you must bring in **three (3) passport size photographs of yourself**.
8. If applying for certificate for **blaster**, you must bring in **evidence of experience in handling high explosives**.
9. For further information call **(718) 999-1988** or **WWW.NYC.GOV/FDNY**

RENEWALS

1. Effective November 1989, pursuant to **FIRE PREVENTION DIRECTIVE 5-68(R)**:

"A Certificate may be renewed from 60 days before the date of expiration to one year after the expiration date."

"A Certificate that has exceeded 1 year from expiration date cannot be renewed. Applicants must then apply for a new Certificate."

The Fee Schedule is:

- \$25 Original Tests
- \$15 Renewals (after 0 days from expiration but before 90 days from the date of expiration)
- \$40 Renewals (after 91 days from the date of expiration but before one (1) year)
- \$25 Late Fee For Gov't Agency Employees (after 91 days from the date of expiration but before one (1) year.)

2. You must complete **Certificate of Fitness Application, A-20** and attach **Renewal Coupon, Part B of expired Certificate of Fitness**.
3. If applying for certificate for **supervisor of bulk oil plant, fire safety director, fire safety coordinator, magazine keeper, blaster, powder carrier, operator of explosive vehicle, handler of explosives or pyrotechnist** you must attach **two (2) passport size photographs of yourself**.

MAIL-IN INSTRUCTIONS AVOID PENALTIES, RENEW ON TIME

1. You may **renew** a certificate in person or by mail.
2. For specific fee information, see above. Payment can be made by check or money order **payable to the New York City Fire Department**.
3. Mail to Bureau of Fire Prevention, 9 MetroTech East, Brooklyn, New York 11201-3857—Cashier's Office.
4. For further information concerning renewals of Certificates of Fitness call **(718) 999-0368**.