

**APPLICATION FOR REGISTRATION OF FILING PROCESSOR (EXPEDITOR)
FOR EMPLOYEES**

Submit completed form (front and back) and all attachments to:

**Director of Licensing
Bureau of Fire Prevention
Fire Department – City of New York
9 MetroTech Center – Room 1S -1C
Brooklyn, NY 11201-3857**

Instructions: This application must be completed by employee. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee (\$105 for original applications and \$50 for renewal applications). Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fees are required after 30 days.

ORIGINAL

**RENEWAL (Include Certificate Comp. # _____)
Must submit copy of current COF**

ALL QUESTIONS MUST BE ANSWERED. Approved applications will receive an official letter from the FDNY after review. All sections of the Application are to be completed by employee.

Section A – COMPANY (A letter of recommendation signed by the approved owner or the approved principal of the expediting company must be included if you are an employee) OR if your employer is exempted from R01, you must submit a letter of recommendation on a proper letter head with proper seals.

Company Name:

Address:

Telephone Number:

Fax Number:

Principal Name:

EMAIL ADDRESS:

Section B – EMPLOYEE

Applicant's Name:

Home Address:

Telephone Number:

Email Address:

A. Are you or have you ever been employed by the FDNY or any other City agency in past three years?

YES NO

If yes, state the agency name and dates of employment

If yes, have you sought or received approval from the NYC Conflicts of Interest Board? (Attach copy of the ruling)

YES NO

Section C- EMPLOYEE PROFESSIONAL EXPERIENCE

Please list work experience for the past 5 years. List most recent experience first & continue backwards in chronological order.

COMPANY _____ DATES _____ to _____

DUTIES _____

COMPANY _____ DATES _____ to _____

DUTIES _____

COMPANY _____ DATES _____ to _____

DUTIES _____

Section D – RESUME

Did you attach a typed copy of your resume? ____ Yes
Must attach resume to proceed.

Section E – RELATIONSHIPS

Are any members of your immediate family or household employed by the FDNY? YES NO

If yes provide relationship, names, titles, rank, Bureau

Section F - CONVICTION RECORD

1. Are there any prior convictions and pending charges against you? DO NOT include Parking violations. A guilty

plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/ unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES NO

2. Are there any criminal charges pending against you? YES NO

LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:

DATE OF CONVICTION TYPE OF OFFENSE NAME & LOCATION OF COURT SENTENCE/FINE

DATE OF CONVICTION	TYPE OF OFFENSE	NAME & LOCATION OF COURT	SENTENCE/FINE

Add additional sheets, if necessary

COMMENTS:

Section G– Oath or Affirmance and Acknowledgement

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that this certificate, if issued, is subject to the requirements of all applicable provisions including Fire Code 116-01

I also affirm that I will notify the FDNY in writing within 24 hours of changes regarding this form.

I also consent to a background check if requested by the FDNY.

SIGNATURE

DATE