

## Certificate of Fitness Alternative Issuance Procedure - Applicant Affirmation Form

**This form must be completed by the applicant for the application to be valid.**

Application can be submitted individually or through an employer. Please type or print legibly and place an "X" in the applicable box:

- Individual** (Notarization of this application is required) (Complete Section 1, 2, and 4)
- Employer** (designated coordinator) (Complete All Sections 1, 2, 3 & 4)

Instructions: Please type or print legibly. Place an "X" in the boxes next to the Sections statements to which you affirm.

**Section 1: Personal Information** (required for all applicants)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_\_  
 Certificate(s) of Fitness (names or category numbers): \_\_\_\_\_  
 Employer Company name: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

**Section 2: Education and Experience** (required for all applicants)

- I affirm that:
- I have received training and I understand the pertinent:
    1. Fire Code sections \_\_\_\_\_
    2. Fire Department rules section \_\_\_\_\_
    3. National Fire Protection Association \_\_\_\_\_
    4. Other \_\_\_\_\_
  - I have studied \_\_\_\_\_ - \_\_\_\_\_ study material that apply to this Certificate of Fitness exam. I understand that I may be tested on the material.
  - I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.
  - I have not taken and failed the examination for the Certificate of Fitness for which I am applying.

**Section 3: Affirmation Granting Authority to Act** (Complete this section *ONLY* if your employer is submitting the application for you)

- I affirm that:
- I hereby authorize my employer to represent me before the City of New York in connection with my Certificate of Fitness application(s).
  - I understand that I will be legally bound by what is stated in the application(s), and will be responsible for any false statements or inaccurate information.
  - If I wish to cancel this authorization to act on my behalf I must do so by writing to the FDNY Director of Licensing, at 9 MetroTech Center, Brooklyn, NY 11201, or by going to the Licensing Unit at that address.

**Section 4: Statements and Signatures** (Notary signature and seal is required for individual applicant)

I understand that I will be legally bound by what is stated in the application(s), and will be responsible for any false statements or inaccurate information. I hereby do solemnly swear under oath and subject to penalty of perjury that the information provided by me in this document is true and accurate to the best of my knowledge.

_____ <i>Applicant's print name</i>	Notarization (required for individual applicant) State of New York, county of: Sworn to or affirmed under penalty of perjury  _____ day of _____ 20____  Notary Signature  _____	Notary Seal
_____ <i>Applicant's signature</i>		
_____ <i>Date</i>		