<u>Certificate of Fitness Alternative Issuance Procedure</u> <u>G-46 STORAGE, HANDLING, USE AND REFILLING OF NON-FLAMMABLE</u> <u>COMPRESSED GASES CYLINDERS</u>

Applicant Affirmation Form

(Used by Individual Applicants only, PRINT all information requested) This form must be completed by the applicant for the application to be valid.

SECTION 1: EMPLOYER IN	FORMATION			
Employer company name:				
Employer company code:	; □ N/A			
Work Address :	City	State	Zipcode	
(The actual work location that this	s COF will be used for.)			
Name of Designated Coordinator:		; 🗆 N/A		
Email of Designated Coordinator:			; 🗆 N/A	
Contact phone # of Designated Co	oordinator:	; 🗆 N/A		
SECTION 2: APPLICANT INFORMATION				
First Name:I	Last Name: M	I Last 4 digits of SSN	V: XXX-XX	
Contact Phone:	Email:			
Mailing Address :	City	State	Zipcode	
Experience in the related field:	years.			
CECTION 2 DECLARATION				
SECTION 3: DECLARATION				
I, applicable code/rule and the FDN		trained and knowledg	geable in the following	
 Fire Code: <u>Section 3001-3008</u> Fire Department Rule Chapter/Section: <u>3 RCNY§12-03</u> National Fire Protection Association Codes and Standards: <u>NFPA 55, 2005 Edition</u> FDNY Study Material: G-46 				
I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.				
I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my professional license.				
I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.				
I also understand that the Fire Dep AIP. Applicant who has failed the		1 11	-	
On this day of affixed my signature and I certify State Penal Law and NYC Admir	that, subject to penalty of fine	e or imprisonment pursua	ant to the New York	
☐ I hereby authorize my employer to represent me before the NYC in connection with my C of F application(s). (Check if your employer is submitting the application for you)				
Signature of Applicant:		Date:		

Date

SECTION 4: EDUCATION, L (You must attach the copy of the license doca	ICENSE, AND EXPERIENCE REQUIRI umentation along with your application)	EMENT
☐ Certified Respiratory There Care ☐ Registered Respiratory There Professional Engineer (PE☐ C-14 Certificate of Fitness ☐ Bachelor's degree in Chenter Technology, Chemical or baccalaureate experience is cylinders. ☐ Degree issued from outside is service accepted by NYC Fire	or Dental Surgery (DDS) or Doctor of Veterinapy Technician (CRTT) issued by the National Board for Property (RRT) issued by the National Board for nician (RTT) OR Respiratory Therapist (RT) (RT) (RT) (RT) (RT) (RT) (RT) (RT)	or Respiratory Care. license issued by the New led by the NYC DOB r issued by the FDNY d by the NYS DOE ssued by the FDNY or Health Sciences, Medical and TWO years of post- on-flammable compressed gases by an independent evaluation
SECTION 5: RECOMMENDA		
All applicants must present a letter letterhead, and must state the applicants are self-employed of their qualifications. For more information of the sample of recommend http://wwwl.nyc.gov/asse	or of recommendation from the employer. The licant's full name, experience and the address or the principal of the company, they must sub or the company is the sub or the principal of the company is	where the applicant will work. If smit a notarized letter attesting to c-letter.pdf
SECTION 6: PHOTO REQUI	REMENT	
A recent photo (2x2 head shot) in last name.	JPG or JPEG format. File name should be nar	med with applicant's first and
SECTION 7: APPLICATION I		1 1 '4 1 1'
Instructions for online application	ertificate is \$ 25. The application and fee must and payment can be found here: downloads/pdf/business/fdny-business-cof-index	
SECTION 8: CHECK LIST OF	ALL SUPPORTING DOCUMENTS NEE	EDED
required to be uploaded to submit This completed and notari All required documents lis A recommendation letter of A recent photo in JPG or J Use the following link (or use the	zed affirmation form. sted in Section 4. with company letterhead.	
SECTION 9: STATEMENTS &	z SIGNATURES	
statements or inaccurate informat	und by what is stated in this application and ion. I hereby solemnly swear under oath and a this application is true and accurate to the be	subject to penalty of perjury that
Applicant's print name	Notarization (required for individual applicant) State of New York, county of: Sworn to or affirmed under penalty of perjury day of20 Notary Signature	Notary Seal