



FIRE DEPARTMENT
9 METROTECH CENTER BROOKLYN, NY 11201-3857



Date: _____

SSN: _____ - _____ - _____

In accordance with Fire Code FC113.7.3 and corresponding RCNY R113-02 (c)(6)(B) please note that I,

_____ currently work as an FSD/EAP at the

following locations:

_____ City: _____ Zip Code: _____

my current COF # is _____ From: _____ AM/PM To: _____ AM/PM on _____
(days of the week)

AND

locations:

_____ City: _____ Zip Code: _____

COF # is _____ From: _____ AM/PM To: _____ AM/PM on _____
(days of the week)

AND

locations:

_____ City: _____ Zip Code: _____

COF # is _____ From: _____ AM/PM To: _____ AM/PM on _____
(days of the week)

I plan on taking the future onsite at the following locations:

_____ City: _____ Zip Code: _____

And will be working there From: _____ AM/PM To: _____ AM/PM on _____
(days of the week)

_____ City: _____ Zip Code: _____

And will be working there From: _____ AM/PM To: _____ AM/PM on _____
(days of the week)

Signature: _____

This must be received by the Public Certification Unit/Attn: FSD Variance together with the \$200 fee (CC 89).