

**Affidavit form for F-64 Certificate of Fitness**

Date:\_\_\_\_\_

Applicant's Name  
Employer Name  
Applicant's Home Address  
Applicant's Borough, State, Zip-Code

I, (first & last *name of applicant*), \_\_\_\_\_ am here to take the **F-64** Certificate of Fitness. I acknowledge that the F-64 Certificate of Fitness is premises related. I am only allowed to clean the commercial cooking exhaust system installed at the following location (*work location*) \_\_\_\_\_, NY \_\_\_\_\_.

The above mentioned facility contains the required equipment to perform the cleaning of the commercial cooking exhaust system including its maintenance. I attest to follow all regulations outlined in the Fire Code and the Fire Rules of New York City.

I understand that if I perform any of the above work at any other location I will be violating the NYC Fire Code and NYC Fire Rules and will face disciplinary actions.

\_\_\_\_\_  
(Signature of applicant)

*NOTE:*  
*Signature must be notarized.*