Verification Letter for Fire and Life Safety (FLS) Director Application
(For each employer listed in the FLSD application form, an individual affidavit must be submitted.)

INSTRUCTIONS
In accordance with the procedures of the New York City Fire Department, applicants for the Fire Safety Director exam must possess experience involving fire protection and fire prevention activities, or responsible positions pertaining to the operations of building service equipment.
The applicant has listed your firm for experience and dates. All information must be verified. Please complete the form below. The form below must be notarized. We thank you in advance for your cooperation.

Firm or Company Name
________________________________________________________________
Business Address
____________________________________________________________________
Sir/Madam: I am pleased to confirm the employment of ____________________________
Applicant’s name
for application for a Certificate of Fitness as a Fire and Life Safety Director. The applicant was/is employed here in the title of ______________________ during the following dates: from _____________ to ________________. The applicant’s specific job responsibilities involve fire prevention activities or responsible position pertaining to operation of building service equipment include(d) such as:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________
______________________________________________
Signature of employer           Title
(Sign only before a notary)
Date: _______________

STATE OF _______________
COUNTY OF _______________
Sworn to before me, this __________ day
of ______________, 20___
________________________
Notary Number: ___________________
Signature of notary          Commission Expires:

**The completed form must be submitted promptly to the FDNY, 9 Metro Tech Center, Brooklyn, NY 11201, Attn: Certificate of Fitness Unit (FLSD Verification Section). Failure to submit this form will delay the processing of the candidate above. For additional information, please call (718) 999-2506 or 0649 during business hours or email pubcert@fdny.nyc.gov.**
As per 3 RCNY §113-02, the FDNY began expanding the verification requirements for new Fire Safety Director Candidates. We will be verifying all duties associated with (a) firefighting or other public safety emergency response employment; (b) any fire safety-related employment, including code enforcement, fire safety inspections, fire prevention or emergency preparedness; (c) the design, installation, operation or maintenance of building fire protection, electrical, plumbing, heating, ventilation, or air conditioning systems, or other building systems regulated by the construction codes; or (d) equivalent related experience acceptable to the FDNY, three (3) years’ full-time work experience in one or more of the fields, OR 18 months’ full-time work experience in one or more of the fields that includes at least six (6) months of continuous employment at one work location is required in order to qualify.