

**<< This T-93 recommendation letter must be completed
by the employer and submitted to the FDNY>>**

Date: _____

Fire Department
Bureau of Fire Prevention
9 Metro Tech Center
Brooklyn, NY 11201-3857

Dear Sir/Madam:

I am pleased to recommend _____ (Applicant's name)
to apply for a T-93 Certificate of Fitness for *Temporary Supervision of Storage,
Handling, and Use of Propane Containers and the Portable Space Heaters in
Outdoor Dining*. The applicant works on site directly for our restaurant:

(Restaurant name)

at _____
(Restaurant address where the certificate will be used)

He/she has _____ of working experience.
(years, months)

The applicant is of GOOD CHARACTER and is PHYSICALLY ABLE to perform the
functions required by the holder of the Certificate of Fitness.

As the restaurant owner/manager, I understand that the restaurant is not
allowed to use propane-fueled space heaters before submitting the required
attestation and ensuring the use of propane and the heaters in compliance with
the FDNY regulations.

(Printed Name of Employer)

(Employer's Title)

(Signature of Employer)

**<< This is recommendation letter is
for RESTAURANT OWNER/MANAGER who wants to apply the T-93 COF>>**

Date: _____

Fire Department
Bureau of Fire Prevention
9 Metro Tech Center
Brooklyn, NY 11201-3857

Dear Sir/Madam:

I, _____, am the owner/manager of

_____. I want to
(Restaurant name)

apply for a T-93 Certificate of Fitness for *Temporary Supervision of Storage, Handling, and Use of Propane Containers and the Portable Space Heaters in Outdoor Dining*. I work on site directly at:

(Restaurant address where the certificate will be used)

I have _____ (years, months) of working experience.

I consider myself is of GOOD CHARACTER and is PHYSICALLY ABLE to perform the duties required by the holder of the Certificate of Fitness.

As the restaurant owner/manager, I understand that the restaurant is not allowed to use propane-fueled space heaters before submitting the required attestation and ensuring the use of propane and the heaters in compliance with the FDNY regulations.

*Printed Name of
Restaurant Owner/Manager*

Applicant's Title

*Signature of
Restaurant Owner/Manager*