



# SAVE TIME, DUPLICATE/UPDATE ON-LINE!

Did you change your work location and want to update your COF card with the new company name? Or did you lose your COF card and want a replacement? You can apply for it online!

**Applying online will save your 1-2 hours waiting time!**

1. Go to the link below to start your application (You can use a desktop/laptop/iPad/iPhone to complete the application/renewal. Currently, Android phones are not compatible), this pdf can help you to complete the application.

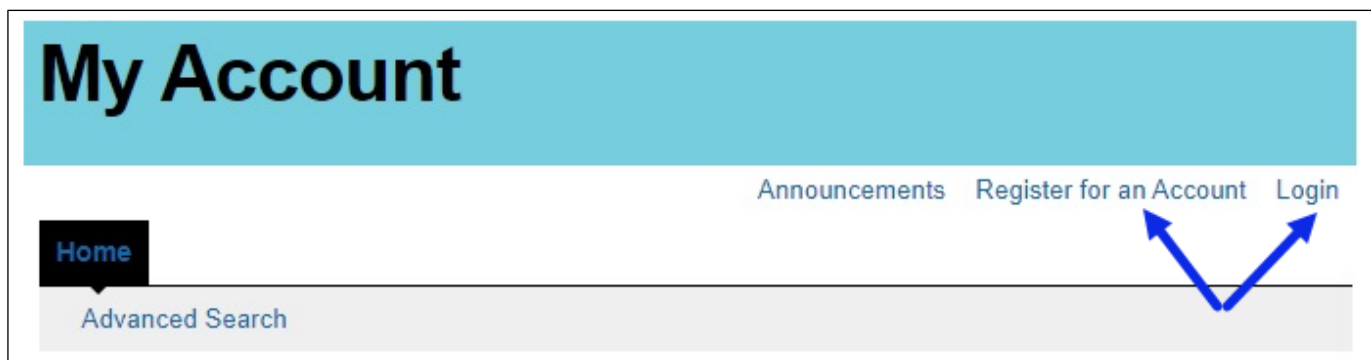


<http://fires.fdnyccloud.org>

2. Click **Register for an Account** and create your NYC ID account (**First time users only**).

**\*\*YOU NEED TO ROTATE YOUR CELL PHONE TO SEE THE FULL SCREEN.**

If you already have a NYC ID account or after creating an account, click **Login**.



3. Click **Initiate Application/Request** to start your application.

Welcome [redacted]

Go to My Drafts to see applications that you are currently working on.  
Go to My Records to check the status of application that you have submitted.

What would you like to do today?

- Search Applications/Requests
- Initiate Application/Request** ← 1

4. Choose **Certificate of Fitness** and then **Certificate of Fitness Duplicate or Update** and then **Continue Application**.

Select Type of Application

Choose one of the following application types.  
Need help with FDNY Business? Please click [here](#) for more information.

What are you applying for today?

- ▶ Enforcements
- ▶ Public Request
- ▼ **Certificate of Fitness** ← 1
  - Certificate of Fitness Application
  - Certification of Fitness Company Renewal
  - Certificate of Fitness Duplicate or Update** ← 2
  - Submit a Certificate of Fitness Renewal
- ▶ Emergency Planning and Preparedness
- ▶ Design and Installation Application
- ▶ Cancellation Request
- ▶ Refund Request
- ▶ Record Linking

5. You must enter the Certificate of Fitness Number and last four digit of SSN for the COF you want to duplicate or update.

Application Information

1 \*Certificate of Fitness Number:

2 \*Last four (4) digits of your Social Security Number:

Complete the required information and click continue application.

6. You may encounter an error message for **Business Contact**, click **“Edit”**

**Business Contact**

To add new contacts, click the Select from my Account or Add New button. If you already have added the contact, click Edit to edit your contact details or click Remove to remove.

**An error has occurred.**  
You may have omitted information from this section. Please click the Edit link to review or revise the Contact Information. After you have verified or updated the information, please click the Continue button to proceed.

██████████ LLC

[Edit](#) [Remove](#)

▼ Contact Addresses

**Add Contact Address**

A mailing and a billing address must be provided for Building and Business Owners using the "Add Contact Address" button above. For all other contacts, only the mailing address must be provided.

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

7. Select **“Organization”** from the drop-down menu, fill in the required information and click **continue**.

\*Individual/Organization/City Agency  
Organization

1

First Name: Middle Name: Last Name:

\*Legal Business Name: 2

\*Business Phone: Mobile Phone: Business Fax: 3

\*E-mail: ?

DBA Name EIN #: ?

▼ Contact Addresses

**Add Contact Address**

A mailing and a billing address must be provided for Building and Business Owners using the "Add Contact Address" button above. For all other contacts, only the mailing address must be provided.

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

**Continue**

8. Click **Continue Application** and review your email and mailing address (this mailing address will be used to mail your COF). If everything is correct, click **Continue Application**.

**Certification of Fitness Applicant**

To add new contacts, click the Select from my Account or Add New button. If you already have added the contact, click Edit to edit your contact details or click Remove to remove.

[REDACTED]  
@GMAIL.COM  
Edit Remove

▼ Contact Addresses

**Add Contact Address**

A mailing and a billing address must be provided for Building and Business Owners using the "Add Contact Address" button above. For all other contacts, only the mailing address must be provided.

To edit a contact address, click the address link. To set a contact address as your primary address, click the "Set As Primary" link under Actions

\*Mailing Address

Showing 1-1 of 1

Address Type	Address	Action
Mailing Address	[REDACTED]	Actions ▼

**Save and Resume Later**      Tip: Save your application periodically to avoid losing your work by clicking on 'Save and Resume Later' button.      **Continue Application »**

You may see another error message on the **Certificate of Fitness Applicant** screen. Click **Edit**:

**Certification of Fitness Applicant**

To add new contacts, click the Select from my Account or Add New button. If you already have added the contact, click Edit to edit your contact details or click Remove to remove.

**An error has occurred.**  
You may have omitted information from this section. Please click the Edit link to review or revise the Contact Information. After you have verified or updated the information, please click the Continue button to proceed.

[REDACTED]  
A@ACCELA.COM  
**Edit** Remove

▼ Contact Addresses

Make sure to fill in all required information (marked with a \*).

**Contact Information** x

A mailing and a billing address must be provided for Building and Business Owners using the "Add Addresses" section below. For all other contacts only the mailing address must be provided.

\* First Name:  Middle Name:  \* Last Name:

\* Mobile Phone:  \* E-mail:  ?

\* SSN:  \*\*\_\*\*\_\* Birth Date:  05/08/1946 📅

\* Gender:  Female  Male  Other Specify Other:

\* Height:  Feet  \* :  Inch

\* Weight:  Lbs

9. Click **Continue Application** to upload required document.

If you are updating your COF card with new company name or work location, you must upload a letter of recommendation from the business owner/supervisor which states the company name and address of your work location. You may also need to upload special required documents based on the COF requirements.

Click **Add** to upload the electronic document(s).

If you are only requesting a replacement, you do not need to submit any document.

Name	Type	Size	Modified Date	Document Status	Action
No records found.					

**Select from My Account** **Add**

10. Click **Continue** in the next screens, to be directed to payment and submit the payment.

11. A Payment Confirmation will be sent to the email address entered. Once reviewed and approved by FDNY, the updated/replacement COF card will be mailed to you.