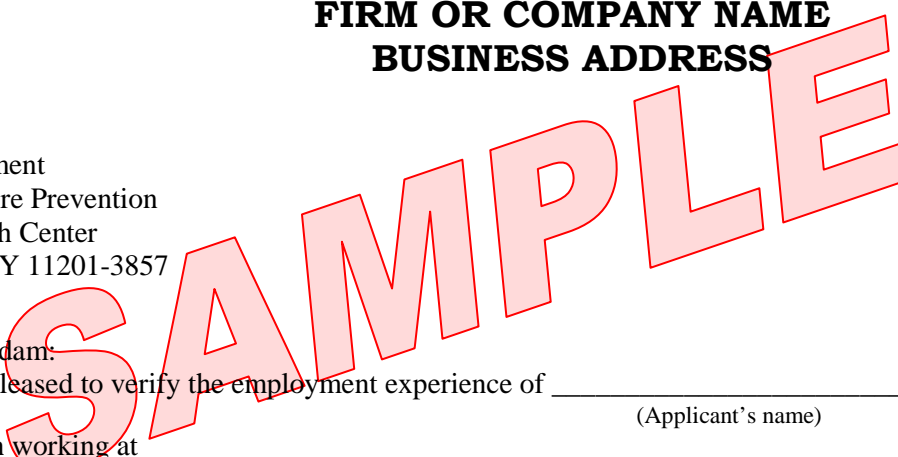




(This sample letter is designed for qualification review. One sample letter is required for each employer listed in the application form)

**FIRM OR COMPANY NAME  
BUSINESS ADDRESS**

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



Dear Sir/Madam:

I am pleased to verify the employment experience of \_\_\_\_\_ . This applicant  
(Applicant's name)

has/had been working at \_\_\_\_\_  
(premises address, building designation and location of system to be supervised by the certificate holder. For example: 500 East 150<sup>th</sup> Street, B building, basement, east wing, Room B101)

from \_\_\_\_\_ to \_\_\_\_\_.  
(mm/yyyy) (mm/yyyy)

His/her job duties included (list all that apply):

- practical operation under the supervision of a C of Q holder (C of Q #: \_\_\_\_\_) in an refrigerating or air conditioning equipment that has an individual system containing \_\_\_\_\_ pounds of refrigerant.
- practical operation under the supervision of a C of Q holder (C of Q #: \_\_\_\_\_) in an refrigerating or air conditioning equipment that has a prime mover or compressor of \_\_\_\_\_ horsepower.
- practical operation under the supervision of a C of Q holder (C of Q #: \_\_\_\_\_) in an refrigerating or air conditioning equipment that an aggregate of individual systems of \_\_\_\_\_ horsepower each, with a total of \_\_\_\_\_ horsepower.
- servicing and repair of refrigerating or air conditioning equipment rated \_\_\_\_\_ horsepower.
- servicing and repair of refrigerating or air conditioning equipment containing \_\_\_\_\_ pounds of refrigerant.

Applicant is of GOOD CHARACTER and is PHYSICALLY ABLE to perform the functions required by the holder of the Certificate of Qualification.

\_\_\_\_\_  
(Printed name of Employer) (Employer's title) (Signature of Employer)

*NOTE: The recommendation letter should be on employer's letterhead. If not on employer's letterhead, signature must be notarized.*