



FIRE DEPARTMENT – CITY OF NEW YORK
BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT

F- 53 Employment Verification Form

Please **print** or **type** the information below. **This form must be NOTARIZED.**

*This form must be completed by the **building owner or the authorized building owner representative of the premises who is familiar with the premises.***

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

Date: _____

Dear Sir/Madam:

owner of _____
(name of the occupancy or building)

I, _____, am the authorized building owner representative of
(Name of owner or authorized representative)

(name of the occupancy or building)

I am pleased to recommend _____ to apply for an F-53 Certificate of Fitness
(Name of Applicant)

for Emergency One-Way Voice Announcement. He/she has _____(Years/Months) of relevant experience and has obtained the Fire Alarm Control Panel Verification Letter from the fire alarm company servicing our fire alarm system. This candidate is trained and capable in operating the key function of the fire alarm system and the communication system related to the fire alarm system on the premises during a fire or non-fire emergency incident. This applicant is of good character and is physically able to perform the functions required by the F-53 Certificate of Fitness. After obtaining his/her F-53 Certificate of Fitness, this applicant will be employed at :

(Street Address) (City) (State) (Zip Code)

The applicant, _____, is fully familiar with the building fire safety and evacuation plan, if applicable, and has been trained and has the knowledge of the following occupancy/building information listed on the following page.
(Name of the applicant)

<i>The candidate knows:</i>	<i>(All items must be marked "yes" or "N/A")</i>
The premises/business location. (e.g. the floor coverage of this premises in the building)	Yes
The business hours of the premises.	Yes
The location(s) of all building entrances/exits.	Yes
The location(s) of all stairway(s) that can be accessed on the premises and the service floors of each stairway.	Yes
Which floor(s) are stairwell re-entry floor(s) and which floor(s) are installed fail-safe device.	Yes
The location(s) of all elevator(s) that can be accessed on the premises and the service floors of each elevator.	Yes N/A, because there is no elevator on premises.
The location(s) of all escalator(s)/access stairs that can be accessed on the premises and the service floors of each escalator/access stairs.	Yes N/A, because there is no escalator/access stairs on premises.
The names of the critical premises staff who must be contacted during a fire or non-fire emergency.	Yes
The communication method for contacting all the critical premises staff during a fire or non-fire emergency.	Yes
The premises designated in-building relocation areas for non-fire emergencies.	Yes

I, _____, hereby swear that on _____ I have personally confirmed
(Name of building owner authorized person) (MM/DD/YY)

that the applicant has been trained and is familiar with all the critical building information listed above.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I affirm that all statements made on this form are true under the penalties of perjury.

I understand that

- all statements made in connection with the application are subject to investigation and verification
- any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the F-53 Certificate of Fitness as applies to the applicant
- FDNY representative may question the F-53 Certificate of Fitness holder as to the required building information listed above to verify their knowledge during inspection.

 Printed name of building owner authorized person

 Job Title

 Contact Phone number

 Signature of building owner authorized person
 (Sign only before a Notary)

 Signature of Notary

 Printed name of Notary

NOTARY PUBLIC: [Notary Seal]

My commission expires: ___/___/___