



**FIRE DEPARTMENT**  
9 METROTECH CENTER BROOKLYN, NY 11201-3857



Date: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In accordance with Fire Code FC113.7.3 and corresponding RCNY R113-02 (c)(6)(B) please note that I,  
\_\_\_\_\_ currently work as an FLSD (i.e. T-89/F-89) at the  
following locations:

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

my current COF # is \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM on \_\_\_\_\_  
(days of the week)

AND

locations:

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

COF # is \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM on \_\_\_\_\_  
(days of the week)

AND

locations:

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

COF # is \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM on \_\_\_\_\_  
(days of the week)

**I plan on taking the future onsite at the following locations:**

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

And will be working there From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM on \_\_\_\_\_  
(days of the week)

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

And will be working there From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM on \_\_\_\_\_  
(days of the week)

**Signature:** \_\_\_\_\_

This must be received by the Public Certification Unit/Attn: FLSD Variance together with the \$200 fee (CC 89).