

APPLICATION Z-59  
EMERGENCY ACTION PLAN DIRECTOR

FIRE DEPARTMENT – CITY OF NEW YORK  
BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT  
9 METROTECH CENTER, BROOKLYN, NY 11201-3857

**Section A - Applicant Information** Please print or type the information in the boxes below.

SOCIAL SECURITY NUMBER										DATE OF BIRTH					DAYTIME TELEPHONE NUMBER												
LAST NAME										FIRST NAME										MI							
MAILING ADDRESS																									APT. NO.		
IF YOU LIVE IN NYC, CHECK BOROUGH: <input type="radio"/> Manhattan <input type="radio"/> Bronx <input type="radio"/> Brooklyn <input type="radio"/> Queens <input type="radio"/> Staten Island																											
CITY OR TOWN															STATE		ZIP CODE										

**Section A – FSD Certification**

Attach a copy of the document that shows you have been certified as a Fire Safety Director for Hi-Rise/Office Buildings F-58 or F-25

**Section B – EAPD School Diploma.**

Have you COMPLETED An FDNY-ACCREDITED training school for Emergency Action Plan? Yes No

NAME OF THE SCHOOL															DATE OF COMPLETION					Examiner's Approval				
																				<input type="radio"/> Yes <input type="radio"/> No				

Attach the original EAP School Diploma.

**Section C - EAP Listing**

Attach affidavit from Building Owner or Employer attesting to applicant's listing as EAPD

**Section D - Declaration**

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3RCNY §6-02, and any other applicable law, rule or regulation, that the information provided above is true and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR FDNY USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
2/15/12®

Q \_\_\_\_\_

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