



# NYCPD - REQUEST FOR CERTIFICATION LETTER



Have You Previously Requested a Letter or Transcript? Yes  No

If Yes, Approx. Date of Request \_\_\_\_\_

Name \_\_\_\_\_ Training Academy: NYCPD  Transit  Housing   
Last First Maiden

Last Rank \_\_\_\_\_ Tax# \_\_\_\_\_ SS# \_\_\_\_\_ Command Code \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ (Include Apt. #) Command Phone # \_\_\_\_\_ DOB \_\_\_\_\_

Date Appointed \_\_\_\_\_ PA Company # \_\_\_\_\_

### Agency's Information:

Agency \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Note: If you omit any information on this form your application will be delayed for processing or returned to you unprocessed and your request will have to be resubmitted. Processing time for this request is approximately 7-10 business days.**

**Please return this application to: Candidate Assessment Center  
Training Records Unit, Room 833  
235 East 20th Street  
New York, NY 10003**

**Phone: 718-312-4425/4426  
Fax: 718-312-5295**

### FOR OFFICE USE ONLY:

DATE RECEIVED  LOG # \_\_\_\_\_ DATE SENT

Mail  Phone  Walk-in  Fax  Reviewed By: \_\_\_\_\_