

## Certificate of Fitness Application - Employee Affirmation Form

**This form must be fully completed by the applicant for the application to be valid.**

Instructions: Please type or print legibly. Place an "X" in the boxes next to the statements to which you affirm.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Employer name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Certificate(s) of Fitness (names or category numbers): \_\_\_\_\_

### EDUCATION and EXPERIENCE

I affirm that:

- I have received training and understand the pertinent Fire Code sections and Fire Department rules for this test.
- I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.
- I have studied the study materials that apply to this Certificate of Fitness test. I understand that I may be tested on the material.
- I have not taken and failed the examination for the Certificate of Fitness for which I am applying.

### CHILD SUPPORT CERTIFICATION

**(Pursuant to General Obligation Law Section 3-503(2))**

Instructions: Choose Statement #1 or #2 below, and place an "X" in the appropriate box for your situation.

1. I am not under a court or administrative order to pay child support.

**OR**

2. I am under an obligation to pay child support.  
My child support account number is (if applicable): \_\_\_\_\_

Instructions: If you chose Statement #2, place an "X" in the box for the applicable statement below.

- a. I do not owe arrears equal to 4 months or more of child support payments
- b. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
  - 1. I am making payments by income execution or by court agreed payment/repayment plan or by a plan agreed to by the parties.
  - 2. My child support obligation is the subject of a pending court proceeding.
  - 3. I am currently in receipt of Public Assistance or Supplemental Security Income.  
My case number is: \_\_\_\_\_
- c. I have arrears equal to 4 months or more of child support payments and none of the above statements in Statement "B" apply to me.

### AFFIRMATION GRANTING AUTHORITY TO ACT

- I hereby authorize my employer to represent me before the City of New York in connection with my Certificate of Fitness application(s).
- I understand that I will be legally bound by what is stated in the application(s), and will be responsible for any false statements or inaccurate information.
- If I wish to cancel this authorization to act on my behalf I must do so by writing to the FDNY Director of Licensing, at 9 MetroTech Center, Brooklyn, NY 11201, or by going to the Licensing Unit at that address.

I hereby do solemnly swear under oath and subject to penalty of perjury that the information provided by me in this document is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date