

# C-14 Certificate of Fitness WCMC Alternate Issuance Application



Applicant Information:		
First Name:	Last Name:	
Social Security Number (required by FDNY):		
Phone #:	Email Address:	
Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Weight (pounds):	Height (feet/inches):	
Signature:		
The above information is true to the best of my knowledge.		
Applicant Name – Print (above)	Signature	Date

Complete following for using Weill Cornell Medicine fund number to pay FDNY C-14 application fee:

Fund Information:	
Weill Cornell Medicine Fund #:	
Fund Authorized information:	
First Name:	Last Name:
Phone #:	Email Address:
Signature:	
Authorized Signature	Date