

Certificate of Fitness Alternative Issuance Procedure
C-14 SUPERVISING NON-PRODUCTION CHEMICAL LABORATORIES
Applicant Affirmation Form

(Used by Individual Applicants only, PRINT all information requested)
This form must be completed by the applicant for the application to be valid.

SECTION 1: EMPLOYER INFORMATION

Company name: _____
Company code: _____ ; N/A
Work Address : _____ City _____ State _____ Zipcode _____
(The actual work location that this COF will be used for.)
Name of Designated Coordinator: _____ ; N/A
Email of Designated Coordinator: _____ @ _____ ; N/A
Contact phone# of Designated Coordinator: _____ ; N/A

SECTION 2: APPLICANT INFORMATION

First Name: _____ Last Name: _____ MI _____ Last 4 digits of SSN: XXX-XX-_____
Contact Phone: _____ Email: _____ @ _____
Mailing Address : _____ City _____ State _____ Zipcode _____
Experience in the related field: _____ years.

SECTION 3: DECLARATION

I, _____, hereby certify that I am trained and knowledgeable in the following applicable code/rule and the FDNY study material:

- Fire Code: Chapter 27 Section 2701-2703 & 2706
- Fire Department Rule Chapter/Section: §113-09, 2706-01, 4702-01, 4827-01(g)(1)
- National Fire Protection Association Codes and Standards: 45, 2004 and 2015 editions (not including Chapter 5)
- FDNY Study Material: C-14

I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.

I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my professional license.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.

I also understand that the Fire Department reserves the right to call up to test the applicants who are issued by AIP. Applicant who has failed the written exam will not be allowed to take advantage of this policy.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

I hereby authorize my employer to represent me before the NYC in connection with my C of F application(s). (Check if your employer is submitting the application for you)

Signature of Applicant: _____ Date: _____

SECTION 4: EDUCATION, LICENSE, AND EXPERIENCE REQUIREMENT

(You must attach the copy of the license documentation along with your application)

- Meet **one** of the following qualifications:
 - License as a Clinical Laboratory Director from the NYS Dept. of Health;
 - Doctor of Medicine (MD) or Dental Surgery (DDS) or Doctor of Veterinary Medicine (DVM);
 - Masters or Doctoral degree** in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology and Chemical, Environmental, Mechanical or Biomedical Engineering, or related field;
 - Bachelor’s degree** in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology and Chemical, Environmental, Mechanical or Biomedical Engineering, or related field and TWO years of post-baccalaureate experience in the operation of chemical laboratories may apply for alternative issuance which is stated and signed by the employer/supervisor on a company official letter head. *(All claimed experience must be post baccalaureate. Any experience gained prior to the receipt of the degree will not be accepted towards meeting the AIP requirements.)*
 - NY State Permanent Certification as a Chemistry or Biology (7-12) Teacher.

(Degree issued from outside USA or is not in English shall be evaluated by an independent evaluation service accepted by NYC Fire Department.:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/foreign-education-evaluation.pdf>

SECTION 5: RECOMMENDATION LETTER

The letter must be on official letterhead, and must state the applicant’s full name, experience, the address where the applicant will work, and has received the training on the emergency plan and storage, handling, and use the hazardous materials available in the lab. The sample recommendation letter is provided on the following page.

The sample of recommendation letter can also be found:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-c14-samplerec-letter.pdf>

SECTION 6: PHOTO REQUIREMENT

A recent photo (2x2 head shot) in JPG or JPEG format. File name should be named with applicant’s first and last name.

SECTION 7: APPLICATION FEE AND PROCEDURES

The application and fee for this certificate is \$ 25. The application and fee must be submitted online.

Note: When sending application through WCM EHS, provide fund number for payment on the Alternate Issuance Application Form

Instructions for online application and payment can be found here:

<https://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals.pdf>

SECTION 8: CHECK LIST OF ALL SUPPORTING DOCUMENTS NEEDED

This check list should be used to review if you have prepared and scanned the following materials that are required to be uploaded to submit your application online:

- This completed and notarized affirmation form.
- All required documents listed in Section 4.
- A recommendation letter with company letterhead.
- A recent photo in JPG or JPEG format.

Note: When sending application through WCM EHS, submit documents to ehs@med.cornell.edu



Use the following link (or use the QR code) to learn how to APPLY ONLINE:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-short.pdf>

SECTION 9: STATEMENTS & SIGNATURES

I understand that I am legally bound by what is stated in this application and will be responsible for any false statements or inaccurate information. I hereby solemnly swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

_____ <i>Applicant’s print name</i>	Notarization <i>(required for individual applicant)</i> State of New York, county of: _____	Notary Seal
_____ <i>Applicant’s signature</i>	Sworn to or affirmed under penalty of perjury _____ day of _____ 20____ Notary Signature	
_____ <i>Date</i>		

Note: When sending application through WCM EHS, sign and date the application but notarization is not required.