

APPLICATION Z-50
FIRE SAFETY DIRECTOR
HI-RISE AND HOTEL/MOTEL
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 Personal Information Please print or type the information in the boxes below.

SOCIAL SECURITY NUMBER										DATE OF TEST					DAYTIME TELEPHONE NUMBER											
LAST NAME										FIRST NAME					MI											
HOME ADDRESS - STREET NUMBER																									APT. NO.	
CITY OR TOWN															STATE		ZIP CODE									
EMAIL ADDRESS																										

Section B - Applicant Employment Information Please print or type the information in the boxes below.

DO YOU HAVE A WORK SITE ADDRESS? YES NO If Yes, fill in the boxes below (use your work site address DO NOT use the corporate address or mailing address of your company)

COMPANY NAME																								
ADDRESS																								
CITY OR TOWN															STATE		ZIP CODE							

MARK HERE IF THIS IS WORK SITE ADDRESS THE CERTIFICATE OF COMPLETION WILL BE REGISTERED

Section C – Fire Safety Director School Please print or type the information in the boxes below.

Have you COMPLETED An FDNY-ACCREDITED training school for Fire safety? Yes No

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

Section D – Related Work Experience Information Please print or type the information in the boxes below.

List any work experience relevant to your application for Fire Safety Director.
 (Use only 1 employer per box, an affidavit must be included for every box in order to receive credit)

1. NAME OF EMPLOYER:		Length of experience With this employer	

RELATED EXPERIENCE		<u>Years</u>	<u>Months</u>
<input type="checkbox"/> Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer			
<input type="checkbox"/> Volunteer fire fighter			
<input type="checkbox"/> Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor			
<input type="checkbox"/> Engineer (with Licenses) (List in #4)			
<input type="checkbox"/> Building Superintendent (with licenses) (List in #4)			
<input type="checkbox"/> Floor Warden (Designated on Fire Safety Plan)			
<input type="checkbox"/> Other (Specify)			
For Official Purpose only DO NOT WRITE HERE		EXAMINER'S APPROVAL	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. NAME OF EMPLOYER: _____		Length of experience With this employer	
RELATED EXPERIENCE		Years	Months
<input type="checkbox"/> Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer			
<input type="checkbox"/> Volunteer fire fighter			
<input type="checkbox"/> Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor			
<input type="checkbox"/> Engineer (with Licenses) (List in #4)			
<input type="checkbox"/> Building Superintendent (with licenses) (List in #4)			
<input type="checkbox"/> Floor Warden (Designated on Fire Safety Plan)			
<input type="checkbox"/> Other (Specify)			
For Official Purpose only DO NOT WRITE HERE	EXAMINER'S APPROVAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. NAME OF EMPLOYER: _____		Length of experience With this employer	
RELATED EXPERIENCE		Years	Months
<input type="checkbox"/> Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer			
<input type="checkbox"/> Volunteer fire fighter			
<input type="checkbox"/> Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor			
<input type="checkbox"/> Engineer (with Licenses) (List in #4)			
<input type="checkbox"/> Building Superintendent (with licenses) (List in #4)			
<input type="checkbox"/> Floor Warden (Designated on Fire Safety Plan)			
<input type="checkbox"/> Other (Specify)			
For Official Purpose only DO NOT WRITE HERE	EXAMINER'S APPROVAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4.	<u>LICENSES</u>	<u>TYPE</u>	<u>DATE ISSUED</u>
	<u>CERTIFICATE OF FITNESS</u>		
	<u>Other (Specify)</u>		

Section E - Military – Include a copy of your DD-214. (If you have NOT served in the military skip to Section F.)

1. Branch of Service (select on and include a copy of discharge papers.)

- Army Navy Air Force Marine Corps Coast Guard Other (Specify) _____

2. Total time served: Years Months 3. Examiner Approval YES NO.

4. What was your military service code? If you cannot see your service code, mark in Other.

<u>Army</u>		<u>Code</u>	<u>Air Force</u>		<u>Code</u>
<input type="checkbox"/> Fire fighter		5IM10	<input type="checkbox"/> Fire Protection Super.		A31-3
<input type="checkbox"/> Fire fighter Fire Truck Operator		5IM10	<input type="checkbox"/> Fire Chief, Dept. Fire Chief		
<input type="checkbox"/> Fire fighter Crash Rescue Specialist		5IM10			
<input type="checkbox"/> Fire fighter Crash Rescue Sergeant		5IM20	<input type="checkbox"/> Fire Protection Super.		A31-5/6
<input type="checkbox"/> Fire fighter Supervisor		5IM20	<input type="checkbox"/> Asst. Chief Operation		
<input type="checkbox"/> Fire fighter Supervisor		5IM30	<input type="checkbox"/> Asst. Chief Training		
<input type="checkbox"/> Fire Team Chief		5IM30	<input type="checkbox"/> Asst. Chief of Tech . Serv.		
<input type="checkbox"/> Fire Inspector		5IM30	<input type="checkbox"/> Station Chief		
<input type="checkbox"/> Fire fighter Supervisor		5IM40	<input type="checkbox"/> Fire Protection Specialist		A31-7
<input type="checkbox"/> Fire Chief		5IM40	<input type="checkbox"/> Crew Chief		
<u>Coast Guard</u>		<u>Code</u>	<input type="checkbox"/> Fire Fighter Trainee		
<input type="checkbox"/> Fire Protection Engineer		GS/GM-04 GM-13	<input type="checkbox"/> Fire Fighter		
<u>Navy</u>		<u>Code</u>	<input type="checkbox"/> Fire Prevention Specialist		
<input type="checkbox"/> Damage Control Specialist			<input type="checkbox"/> Technical Investigation of Fire incidents		
<u>Marine Corps</u>		<u>Code</u>			
<input type="checkbox"/> Aviation Crash fire Rescue		7051			
<input type="checkbox"/> OTHER (List below)		<u>Code</u>			
For Official Purpose only DO NOT WRITE HERE	EXAMINER'S APPROVAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXAMINER'S APPROVAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section F – Affidavit

On this _____ day of _____, in the year _____, I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Applicants are advised that all statements made by them in connection with their application are subject to investigation and verification.

- I have included an affidavit(s) I am missing an affidavit(s).

Signature of Applicant: _____ Date: _____

FOR FDNY USE ONLY
 Date Received: ____/____/200__ Q _____ NQ _____
 5/04/09®