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
                                                   ◯   ◯
                                                   Yes   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	**Years**	**Months**
☐ **Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer**		
☐ **Volunteer fire fighter**		
☐ **Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor**		
☐ **Engineer (with Licenses) (List in #4)**		
☐ **Building Superintendent (with licenses) (List in #4)**		
☐ **Floor Warden (Designated on Fire Safety Plan)**		
☐ **Other (Specify)**		
For Official Purpose only DO NOT WRITE HERE	**EXAMINER'S APPROVAL** ☐ YES	☐ NO

2. NAME OF EMPLOYER: _____	Length of experience With this employer	
RELATED EXPERIENCE	Years	Months
☐ **Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer**		
☐ **Volunteer fire fighter**		
☐ **Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor**		
☐ **Engineer (with Licenses) (List in #4)**		
☐ **Building Superintendent (with licenses) (List in #4)**		
☐ **Floor Warden (Designated on Fire Safety Plan)**		
☐ **Other (Specify)**		

For Official Purpose only DO NOT WRITE HERE	**EXAMINER'S APPROVAL**	☐ **YES**	☐**NO**

3. NAME OF EMPLOYER: _____	Length of experience With this employer	
RELATED EXPERIENCE	**Years**	**Months**
☐ **Fire fighter/fire Inspector/Fire Officer/Fire Marshal/Police officer**		
☐ **Volunteer fire fighter**		
☐ **Building Manager/Building Custodian/Residence Manager/Building Evacuation Supervisor**		
☐ **Engineer (with Licenses) (List in #4)**		
☐ **Building Superintendent (with licenses) (List in #4)**		
☐ **Floor Warden (Designated on Fire Safety Plan)**		
☐ **Other (Specify)**		

For Official Purpose only DO NOT WRITE HERE	**EXAMINER'S APPROVAL**	☐ **YES**	☐**NO**

4. **LICENSES**	**TYPE**	**DATE ISSUED**
CERTIFICATE OF FITNESS		
Other (Specify)		

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.

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

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FOR FDNY USE ONLY
Date Received: _____/_____/20____   Q_____   NQ_____
5/04/09®

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