

**APPLICATION Z-51
CERTIFICATE OF QUALIFICATION - REFRIGERATING SYSTEM OPERATING ENGINEER**

**FIRE DEPARTMENT – CITY OF NEW YORK
BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT
9 METRO TECH CENTER, BROOKLYN, NY 11201-3857**

NEW CHANGES for new applicants:

Starting from **10/1/2015**, Z-51 test will become a 110-question exam which additionally includes questions based on the Building Operation, Maintenance, and Recordkeeping material (see the Notice of Exam for detail).

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

1. SOCIAL SECURITY NUMBER

2. DATE OF BIRTH

3. DAYTIME TELEPHONE NUMBER

4. LAST NAME

5. FIRST NAME

6. MI

7. MAILING ADDRESS

8. APT. NO.

9. IF YOU LIVE IN NYC, CHECK BOROUGH: Manhattan Bronx Brooklyn Queens Staten Island

10. CITY OR TOWN STATE

11. ZIP CODE

11. E-MAIL ADDRESS (OPTIONAL, BUT RECOMMENDED)

Section B - Universal Technician Certification

Attach a copy of the document that shows you have been certified as a Universal Technician in accordance with U.S. Environmental Protection Agency regulations (40 CFR Part 82, Subpart F).

Section C – Education All applicants must possess a high school diploma or GED

Attach a copy of your high school diploma or GED.

Section D - Professional Certification/Education or Employment Experience Complete 1 or 2. For any "YES" answer in Section 1, you must attach documentation verifying your answer. For each entry in Section 2, you must attach a letter on business stationery, signed by an officer of the business or a chief engineer, verifying the information you provide.

- 1. Professional Certification/Education - complete (a) or (b) or (c) or (d)**
- (a) DO YOU HOLD A VALID HIGH PRESSURE BOILER OPERATING ENGINEER'S LICENSE ISSUED BY THE NEW YORK CITY DEPARTMENT OF BUILDINGS? IF "YES," GIVE INDEX NUMBER _____ YES [] NO []
- (b) DO YOU HOLD A VALID CERTIFICATE AS A MARINE ENGINEER ISSUED BY THE UNITED STATES COAST GUARD? IF "YES," GIVE LICENSE NUMBER _____ YES [] NO []
- (c) DO YOU HOLD A VALID PROFESSIONAL ENGINEER LICENSE ISSUED IN THE UNITED STATES? IF "YES", PROVIDE LICENSE NUMBER _____ IN THE STATE OF _____ YES [] NO []
- (d) HAVE YOU SATISFACTORILY **COMPLETED** A FDNY-ACCREDITED TRAINING PROGRAM IN REFRIGERATION? YES [] NO []
IF "YES", PROVIDE NAME & ADDRESS OF SCHOOL: _____, NUMBER OF CLASSROOM HOURS: _____,
COURSE TITLE: _____, NUMBER OF HOURS OF FIELD OR SHOP WORK: _____, DATES OF ATTENDANCE (MO/DAY/YR): FROM ___/___/___ TO ___/___/___.

2. Employment Experience IF YOU ARE UNABLE TO ANSWER "YES" TO 1(a) OR 1(b) OR 1(c) OR 1(d), YOU MUST MEET THE EMPLOYMENT EXPERIENCE REQUIREMENTS DESCRIBED ON THE BACK OF THIS FORM. IN THE FOLLOWING SECTION, PROVIDE THIS INFORMATION. BEGIN WITH YOUR MOST RECENT EMPLOYMENT, AND WORK BACKWARDS. ATTACH ADDITIONAL SHEETS OF PAPER, IF NECESSARY.

EMPLOYMENT DATES (MONTH AND YEAR) FROM _____ TO _____	OPERATION AND/OR MAINTENANCE _____ MONTHS	SERVICE AND/OR REPAIR _____ MONTHS
NAME AND ADDRESS OF WORK LOCATION	POUNDS OF REFRIGERANT IN SYSTEM _____ AND H.P. OF PRIME MOVER OR COMPRESSOR (MORE THAN 50 H.P.) _____ OR NUMBER OF INDIVIDUAL UNITS OF MORE THAN 15 H.P. BUT LESS THAN 50 HP (INDICATE HP OF EACH) _____	POUNDS OF REFRIGERANT IN SYSTEM _____ OR RATED H.P. OF EQUIPMENT _____
EMPLOYMENT DATES (MONTH AND YEAR) FROM _____ TO _____	OPERATION AND/OR MAINTENANCE _____ MONTHS	SERVICE AND/OR REPAIR _____ MONTHS
NAME AND ADDRESS OF WORK LOCATION	POUNDS OF REFRIGERANT IN SYSTEM _____ AND H.P. OF PRIME MOVER OR COMPRESSOR (MORE THAN 50 H.P.) _____ OR NUMBER OF INDIVIDUAL UNITS OF MORE THAN 15 H.P. BUT LESS THAN 50 HP (INDICATE HP OF EACH) _____	POUNDS OF REFRIGERANT IN SYSTEM _____ OR RATED H.P. OF EQUIPMENT _____

Section F - Declaration

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3 RCNY § 9-01, and any other applicable law, rule or regulation, that the information provided above is true and accurate.

Signature of Applicant: _____ Date: _____

FOR FDNY USE ONLY

Date Received: ___/___/200__ Q _____ NQ _____ 4/06/00®

**NOTE: DO NOT ENCLOSE CHECKS OR MONEY ORDERS WHEN SUBMITTING THIS APPLICATION BY MAIL
APPLICANTS ARE BARRED FROM BEING EMPLOYED BY ANY FDNY- APPROVED
REFRIGERATION SCHOOL FOR AT LEAST FOUR (4) YEARS AFTER TAKING THE CBT TEST**