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 ______________________
11. STATE ______________________
12. ZIP CODE ______________________

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 ___________ □ NO [ ]
□ (b) DO YOU HOLD A VALID CERTIFICATE AS A MARINE ENGINEER issued by the UNITED STATES COAST GUARD? IF “YES,” GIVE LICENSE NUMBER ___________ □ NO [ ]
□ (c) DO YOU HOLD A VALID PROFESSIONAL ENGINEER LICENSE issued in the UNITED STATES? IF “YES,” PROVIDE LICENSE NUMBER ___________ □ NO [ ]
□ (d) HAVE YOU SATISFACTORY COMPLETED an FDNY-ACCREDITED TRAINING PROGRAM in REFRIGERATION? YES [ ] NO [ ]

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.

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 ________

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