# Application for Registration of Filing Processor (Expeditor)

**For Company Owner, Principal or Self Employed**

Submit completed form (front and back) and all attachments to:
- **Director of Licensing**
- **Bureau of Fire Prevention**
- **Fire Department – City of New York**
- **9 MetroTech Center – Room 1S -1C**
- **Brooklyn, NY 11201-3857**

**Instructions:** This application must be completed by owner, principal or self employed individuals. The completed application should be forwarded to the address above, with a check made payable to the New York City Fire Department with the application fee ($105 for original applications and $50 for renewal applications). The fees are non-refundable. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fees are required after 30 days.

- [ ] ORIGINAL
- [ ] RENEWAL (Include Certificate Comp. # ___________)

Must submit copy of current COF

**ALL QUESTIONS MUST BE ANSWERED.** Approved applicants will receive an official letter from the FDNY after review. All sections of the Application are to be completed by owner/principal only.

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Unless exempted under the languages below, this Certificate of Registration is required for all provisions whether it is done in person, mail or other alternate means.

116.1 REGISTRATION. No person may submit, file, request, negotiate or otherwise seek approval of applications for insurance of permits, or other approvals, including approval of design and installation documents, without first having obtained an expeditor registration certificate in accordance with this section and the rules. It shall be unlawful to hold oneself out to the public or otherwise represent that one is “registered with the fire department”, or make any similar representation in such a manner as to convey the impression that such person is registered with the department unless such person is registered in accordance with this section.

**Exceptions:** The following persons are exempt from the provisions of this section:

1. Any person or entity making application on his, her or its own behalf. If the applicant is a partnership or corporation, the general partners and principal officers thereof shall be included within this exception. Principal officers of a corporation shall include the presidents, vice presidents, secretary and treasurer.
2. The occupants of a premise that is the subject of the application, if authorized by the owners to file the application.
3. Registered architects licensed by the New York State Department of Education.
4. Professional engineers licensed by the New York State Department of Education.
5. Attorneys admitted to practice in New York State.
6. Master plumbers licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
7. Master fire suppression piping contractors licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
8. Master electricians licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
9. Certificates of license holders, when such application relates to work performed under their license.
10. Fire safety director or fire safety emergency action plan director certificate holders when the application relates to the fire safety and evacuation plan or emergency action plan of the building for which they are registered.
Section A – COMPANY

Company Name:  
_____________________________________________________________________________________________
Address:  
_____________________________________________________________________________________________
Telephone Number:  Fax Number:
_____________________________________________________________________________________________

Name of Owner or Principals Completing Application:  EMAIL ADDRESS
_____________________________________________________      _________________________ @_________

If your business is located outside of NYC, you must list an Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action. (P.O. Box not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal papers if required)

Name  Address  City  Zip Code
_____________________________________________________________________________________________

Section B – OWNER/PRINCIPAL

A. Are you or have you ever been employed by the FDNY or any other City agency in past three years?  

YES ☐ NO ☐

If yes, state the agency name and dates of employment
_____________________________________________________________________________________________

If yes, have you sought or received approval from the NYC Conflicts of Interest Board? (Attach copy of the ruling)

YES ☐ NO ☐

Section C- OWNER/PRINCIPAL PROFESSIONAL EXPERIENCE

Please list work experience for the past 5 years. List most recent experience first & continue backwards in chronological order.

COMPANY ____________________________   DATES  to  __________________
DUTIES ____________________________________________________________________________
____________________________________________________________________________

COMPANY ____________________________   DATES  to  __________________
DUTIES ____________________________________________________________________________
____________________________________________________________________________
COMPANY ____________________________   DATES ____________ to  __________________
DUTIES ____________________________________________________________________________
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Section D – RESUME

Did you attach a typed copy of your resume? _____ Yes

Must attach resume to proceed.

Section E – RELATIONSHIPS

Are any members of your immediate family or household employed by the FDNY? YES ☐  NO ☐
If yes provide relationship, names, titles, rank, Bureau

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Section F - ADDITIONAL INFORMATION

LIST ALL VIOLATIONS, JUDGEMENTS, CONVICTIONS AND PENALTIES
ISSUED BY THE FDNY AGAINST THE COMPANY, PRINCIPALS OR OFFICERS IN THE PAST 5 YEARS

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

LIST ALL FDNY PERMITS ISSUED TO THE COMPANY, PRINCIPAL OR OFFICERS

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
**Section G - CONVICTION RECORD**

1. Are there any prior convictions and pending charges against you? DO NOT include Parking violations. A guilty plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.  
   □ YES  □ NO

2. Are there any criminal charges pending against you?  
   □ YES  □ NO

**LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:**

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<thead>
<tr>
<th>DATE OF CONVICTION</th>
<th>TYPE OF OFFENSE</th>
<th>NAME &amp; LOCATION OF COURT</th>
<th>SENTENCE/FINE</th>
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Add additional sheets, if necessary

**COMMENTS:**

________________________________________________________________________________________
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**Section H– Oath or Affirmance and Acknowledgement**

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that this certificate, if issued, is subject to the requirements of all applicable provisions including Fire Code 116-01.

I also affirm that I will notify the FDNY in writing within 24 hours of changes regarding this form.

I also consent to a background check if requested by the FDNY.

I understand that the FDNY reserves the right to evaluate and distribute my performance as a Filing Processor (Expeditor.)

SIGNATURE ___________________________ DATE ___________________________
APPLICATION FOR REGISTRATION of FILING PROCESSOR (EXPEDITOR) FOR EMPLOYEES

Submit completed form (front and back) and all attachments to:
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Bureau of Fire Prevention
Fire Department – City of New York
9 MetroTech Center – Room 1S -1C
Brooklyn, NY 11201-3857

Instructions: This application must be completed by employee. The completed application should be forwarded to the address above, with a check made payable to the New York City Fire Department with the application fee ($105 for original applications and $50 for renewal applications). Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fees are required after 30 days.

- [ ] ORIGINAL
- [ ] RENEWAL (Include Certificate Comp. # __________)

Must submit copy of current COF

ALL QUESTIONS MUST BE ANSWERED. Approved applications will receive an official letter from the FDNY after review. All sections of the Application are to be completed by employee.

Section A – COMPANY (A letter of recommendation signed by the approved owner or the approved principal of the expediting company must be included if you are an employee) OR if your employer is exempted from R01, you must submit a letter of recommendation on a proper letter head with proper seals.

Company Name:

Address:

Telephone Number: Fax Number:

Principal Name: EMAIL ADDRESS:

Section B – EMPLOYEE

Applicant’s Name:

Home Address:

Telephone Number: Email Address:

A. Are you or have you ever been employed by the FDNY or any other City agency in past three years?

- [ ] YES  
- [ ] NO
Section C- EMPLOYEE PROFESSIONAL EXPERIENCE

Please list work experience for the past 5 years. List most recent experience first & continue backwards in chronological order.

COMPANY ____________________________   DATES ____________ to __________________
DUTIES ____________________________________________________________________________  
__________________________________________________________________________________

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to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful
offender category. You may not be considered a youthful offender based on your age at the time of the offense.
If you are unsure, list the offense.

☐ YES  ☐ NO

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SIGNATURE                                                                DATE