

**APPENDIX A
ATTACHMENT 1**

EAP STAFF DESIGNATION FORM

BUILDING ADDRESS: _____

Fire Safety/EAP Director:

Name: _____

FDNY Certificate of Fitness No.: F25 or F58 _____

F59 _____

Regular Work Location: _____

Regular Work Hours: _____

Telephone: _____

Cellular Telephone: _____

Fax: _____

E-Mail Address: _____

Other Contact Information: _____

Signature of Owner or Authorized Representative

Date

**APPENDIX A
ATTACHMENT 1**

EAP STAFF DESIGNATION FORM

BUILDING ADDRESS: _____

Deputy Fire Safety/EAP Director:

Name: _____

FDNY Certificate of Fitness No.: F25 or F58 _____

F59 _____

Regular Work Location: _____

Regular Work Hours: _____

Telephone: _____

Cellular Telephone: _____

Fax: _____

E-Mail Address: _____

Other Contact Information: _____

Signature of Owner or Authorized Representative

Date

(Complete separate sheet for each Deputy Fire Safety/EAP Director)

**APPENDIX A
ATTACHMENT 1**

EAP STAFF DESIGNATION FORM

BUILDING ADDRESS: _____

Fire Safety/EAP Building Evacuation Supervisor:

Name: _____

Regular Work Location: _____

Regular Work Hours: _____

Telephone: _____

Cellular Telephone: _____

Fax: _____

E-Mail Address: _____

Other Contact Information: _____

Signature of Owner or Authorized Representative

Date

(Complete separate sheet for each Fire Safety/EAP Building Evacuation Supervisor)