

Verification of Participation in WTC Rescue, Recovery or Clean-Up Operations Form

This Verification is for any employee or retiree (retired after 9/11/01) who participated in World Trade Center (WTC) Rescue, Recovery, or Clean-Up Operations between September 11, 2001 and September 12, 2002. This **IS** a sworn statement indicating the dates and locations of your participation which preserves your right to file for disability under the WTC Disability Law. Please complete all the information below and return it to your Agency HR.

Employee ID No.	Home Phone No.	Work Phone No.	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title (between 9-11-01 and 9-12-02)		Agency (between 9-11-01 and 9-12-02)	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
First Name	MI	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address		Apt No.	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
City	State	Zip Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Please answer the following questions by circling “Yes (Y)” or “No (N).”

- 1(A). Did you participate in WTC Rescue, Recovery, or Clean-Up Operations at one of the following locations? If you circle yes, please circle the location(s) at which you participated. Y N
1. World Trade Center Site (defined as anywhere below a line starting from the Hudson River and Canal Street; East on Canal Street to Pike Street; South on Pike Street to the East River; and extending to the lower tip of Manhattan);
 2. Fresh Kills Land Fill;
 3. New York City Morgue or the temporary morgue on pier locations on the West Side of Manhattan;
 4. Barges between the West Side of Manhattan and the Fresh Kills Land Fill.

If so, please answer the following two questions:

- i. Did you work any amount of time at the location(s) you circled above during the 48 hours after the first airplane hit the towers? Y N
 - ii. Did you work at the location(s) you circled above for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Y N
- 1(B). Did you participate in WTC Rescue, Recovery or Clean-Up Operations by repairing, cleaning or rehabilitating vehicles or equipment, including emergency vehicle radio equipment, owned by the City of New York and contaminated by debris at the WTC site, regardless of where the work was performed, for any period within the 48 hours after the first airplane hit the towers or for a total of at least 40 hours between September 11, 2001 and September 12, 2002? Y N

Employee ID No.	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

1(C). Did you participate in WTC Rescue, Recovery, or Clean-Up Operations, at one of the above 1(A) locations, in one of the specified communication/dispatcher titles, for any period during the 24 hours after the first airplane hit the towers? Y N

If yes, please specify the title:

2. If you responded yes to questions 1(A), 1(B) or 1(C) above please provide the following participation information and include the agency or company you were employed by:

Location	Dates	Description of Duties
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

I understand this is not an application to receive a benefit. This simply acts as a notice to my agency that I participated in WTC Rescue, Recovery, or Clean-Up Operations. I understand that my agency will verify my participation in WTC Rescue, Recovery, or Clean-Up Operations and I will be notified in writing of the outcome.

Signature	Date
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Agency Report

WTC Disability Law

This form is to be completed by the agency whose employee (or former employee) has indicated participation in WTC Rescue, Recovery or Clean-Up Operations during specific qualifying periods between September 11, 2001 and September 12, 2002. Please review all of the following questions and provide as much information as possible. When you have completed the form, please retain it along with any *relevant supporting documentation for your records*.

*****TO BE COMPLETED BY THE AGENCY*****

Employee ID No.	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please answer the following questions:

1. Participation in WTC Rescue, Recovery or Clean-Up Operations

The WTC law specifies various locations and activities, as well as different qualifying periods. Please answer the questions [(A) or (B)] that correspond with the information contained in the Verification of Participation filed by the employee, retiree or eligible beneficiary.

(A) Can you confirm that the employee/retiree:

- | | | | |
|-----|--|---|---|
| i. | Participated in WTC Rescue, Recovery or Clean-Up Operations at the WTC site, the Fresh Kills Land Fill, the NYC Morgue or the temporary morgue on the pier locations on the West Side of Manhattan, or on the barges operating between the West Side of Manhattan and the Fresh Kills Land Fill; and | Y | N |
| ii. | Participated in such operations at one or more of these locations for any period during the 48 hours after the first airplane hit the towers or at least a total of 40 hours between September 11, 2001 and September 12, 2002? | Y | N |

(B) Can you confirm that the employee/retiree:

- | | | | |
|-----|--|---|---|
| i. | Participated in WTC Rescue, Recovery or Clean-Up Operations by repairing, cleaning or rehabilitating vehicles or equipment, including emergency vehicle radio equipment, owned by the City of New York and contaminated by debris at the WTC site, regardless of where the work was performed; and | Y | N |
| ii. | Participated in such operations for any period during the 48 hours after the first airplane hit the towers or at least a total of 40 hours between September 11, 2001 and September 12, 2002? | Y | N |

