

# FIRE DEPARTMENT – CITY OF NEW YORK

11/22

## Application for Registration of Filing Processor (Expeditor) for Employees (R-02)

**Instructions:** Submit completed form and all attachments **electronically**.

Original (\$210)

Please learn how to apply and pay online from the guide below:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-short.pdf>

Renewal (\$100, include current R-02 COF # \_\_\_\_\_ . **ONLY complete section A, B, G, H**, unless any information changed from the previous application)

Online Renewal website: <http://fires.fdnyccloud.org/CitizenAccess/SAML/NYCIDLogin.aspx>

Original and renewal fees are for a TWO year period by one of the following methods:

- Credit card (American Express, Discover, MasterCard, or Visa)
- Debt card (MasterCard or Visa)
- E-Check

A convenience fee of 2 % will be applied to all credit/debit card payments. The application fee is non-refundable.

If your application meets all NYC Fire Department (FDNY) requirements, a certificate will be sent to your mailing address within five business days. If your application is incomplete, you will be notified by FDNY, and will have 30 days to resubmit your application without any financial penalty. After 30 days, you will need to submit a new application and pay the application fee again. All questions must be answered.

### Section A – Company

**Does your employer possess an R-01 C of F?**

- Yes (Employer's R-01 C of F # \_\_\_\_\_ ) (UPLOAD a recommendation letter signed by the R-01 COF holder)
- No, my employer is exempted from R-01. (UPLOAD a recommendation letter on a proper letterhead and signed by the qualified certification holder with proper seal/the FDNY COF number)

**Company Name:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:**

**Fax Number:**

1(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Principal Name:**

**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 documents if required)**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Official Use Only:**

Reviewed by \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

**Section B – Applicant’s Contact Information**

**Applicant’s Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Section C – Employment History in any NYC Agency**

Are you or have you ever been employed by the FDNY or any other City agency in past year?

Yes

No (skip this section)

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 D- Employee Professional Experience**

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

Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd (years, months)	Employer's Name & Address C of F: _____	Describe your daily duties and responsibilities.
Dates Employed ____/____/____ to ____/____/____	Length of Time Emp'd (years, months)	Employer's Name & Address C of F: _____	Describe your daily duties and responsibilities.

**Section E – Resume (Must attach a resume to proceed)**

Did you attach a typed copy of your resume?  Yes

**Section F – Relationships**

Expeditors are prohibited by the New York City Conflicts of Interest Law from directly communicating, with respect to with filings or other client matters, with members of their immediate family or household (spouse/partner, child, parent, sibling, other person with financial relationship) who are employed by FDNY. Both you and your family/household member are subject to enforcement action. Your expeditor registration may be suspended, revoked or not renewed. Contact the Executive Director of Public Licensing in writing, if you encounter a situation as to which you have a question.

Are any members of your immediate family or household employed by the FDNY?  Yes  No

If yes, provide relationship, names, titles, rank, Bureau, unit:

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**Section G – Conviction Record**

In the past **5 year period**, is there any violations, judgments, convictions and penalties issued to or entered against the registrant in the five-year period prior the date of filing, in connection with applicant’s expediting business and activity, any business or activity regulated by the FDNY, or the offering or receiving of a bribe or unlawful gratuity?

Yes (complete this section);  No (skip this section)

List of all violations, judgments, convictions, and penalties below (DO NOT include parking violations), and **attach a copy** of each charge, pleadings, adjudications and certificates of disposition. If you are unsure, list the offense.

<b>Date of Conviction</b>	<b>Type of Offense</b>	<b>Court Name &amp; Location</b>	<b>Sentence/Fine</b>

Add additional sheets, if necessary.

Note: 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.

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

I hereby affirm that:

- all statements are true and could be persecuted under penalty of perjury
- this certificate, if issued, is subject to the requirements of all applicable provisions including Fire Code 116.
- I will notify the FDNY in writing within 24 hours of any changes regarding this form.
- I consent to a background check if requested by the FDNY.

**I have read, viewed and thoroughly understand all information presented in the file accessed through the link below. Proof attached.**

[http://www1.nyc.gov/assets/fdny/downloads/pdf/business/expeditor\\_tutorial.pdf](http://www1.nyc.gov/assets/fdny/downloads/pdf/business/expeditor_tutorial.pdf)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date