

**Certificate of Fitness Alternative Issuance Procedure**  
**C-94 SUPERVISION OF STORAGE, HANDLING AND USE OF CHEMICALS IN FUNERAL HOMES (FUNERAL HOME SAFETY)**

**Applicant Affirmation Form**

(Used by Individual Applicants only, PRINT all information requested)

*This form must be completed by the applicant for the application to be valid.*

**SECTION 1: EMPLOYER INFORMATION**

Company name: \_\_\_\_\_

Company code: \_\_\_\_\_;  N/A

Work address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

(The actual work location that this COF will be used for.)

Name of Designated Coordinator: \_\_\_\_\_;  N/A

Email of Designated Coordinator: \_\_\_\_\_@\_\_\_\_\_ ;  N/A

Contact phone # of Designated Coordinator: \_\_\_\_\_;  N/A

**SECTION 2: APPLICANT INFORMATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI: \_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Experience in the related field: \_\_\_\_\_ years.

**SECTION 3: DECLARATION**

I, \_\_\_\_\_, hereby certify that I am trained and knowledgeable in the following applicable code/rule and the FDNY study material:

- Fire Code: Section 2701-2703, Chapter 31, 34, 36 and 37
- FDNY Study Material: C-94

I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.

I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my professional license.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.

I also understand that the Fire Department reserves the right to call up to test the applicants who are issued by AIP. Applicant who has failed the written exam will not be allowed to take advantage of this policy.

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, I have hereunto affixed my signature and I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

I hereby authorize my employer to represent me before the NYC in connection with my C of F application(s). (Check if your employer is submitting the application for you)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: EDUCATION, LICENSE, AND EXPERIENCE REQUIREMENT**

*(You must attach the copy of the license documentation along with your application)*

- Hold a valid Funeral Director License issued by the Bureau of Funeral Directing, NYS Department of Health (copy of Wall License Certificate or Pocket card is acceptable)
  - Fulfill the registration requirements for continuing education for Funeral Director in past 2 years.  
(The requirements should be referred to [https://www.health.ny.gov/professionals/funeral\\_director/faq.htm](https://www.health.ny.gov/professionals/funeral_director/faq.htm)  
The continuing education providers must be listed in the following website: [https://www.health.ny.gov/professionals/funeral\\_director/continuing\\_ed\\_unit\\_prov.htm](https://www.health.ny.gov/professionals/funeral_director/continuing_ed_unit_prov.htm) );
- AND
- Currently registered with the New York City Department of Health and Mental Hygiene (DOHMH), Office of Vital Records, Burial Desk.

**SECTION 5: RECOMMENDATION LETTER**

The letter must be on official letterhead, and must state the applicant’s full name, experience, the address where the applicant will work, and has received the training by a NYS licensed funeral director. The sample recommendation letter is provided on the following page.

The sample of recommendation letter can also be found:

<https://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-c94-samplerec-letter.pdf>

**SECTION 6: PHOTO REQUIREMENT**

A recent photo (2x2 head shot) in JPG or JPEG format. File name should be named with applicant’s first and last name.

**SECTION 7: APPLICATION FEE AND PROCEDURES**

The application and fee for this certificate is \$ 25. The application and fee must be submitted online.

Instructions for online application and payment can be found here:

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

**SECTION 8: CHECK LIST OF ALL SUPPORTING DOCUMENTS NEEDED**

This check list should be used to review if you have prepared and scanned the following materials that are required to be uploaded to submit your application online:

- This completed and notarized affirmation form.
- All required documents listed in Section 4.
- A recommendation letter with company letterhead.
- A recent photo in JPG or JPEG format.



Use the following link (or use the QR code) to learn how to APPLY ONLINE:

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

**SECTION 9: STATEMENTS & SIGNATURES**

I understand that I am legally bound by what is stated in this application and will be responsible for any false statements or inaccurate information. I hereby solemnly swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

<p>_____</p> <p><i>Applicant’s print name</i></p> <p>_____</p> <p><i>Applicant’s signature</i></p> <p>_____</p> <p><i>Date</i></p>	<p>Notarization <i>(required for individual applicant)</i></p> <p>State of New York, county of:</p> <p>Sworn to or affirmed under penalty of perjury</p> <p>_____ day of _____ 20_____</p> <p>Notary Signature</p> <p>_____</p>	<p>Notary Seal</p>
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**C-94 Sample Recommendation Letter**

**COMPANY NAME  
BUSINESS ADDRESS**

Date: \_\_\_\_\_

Fire Department  
Bureau of Fire Prevention  
9 Metro Tech Center  
Brooklyn, NY 11201-3857

Dear Sir/Madam:

I am pleased to recommend \_\_\_\_\_ to apply for the C-94  
(Applicant's name)  
Certificate of Fitness for Supervision of Storage, Handling and Use of Chemicals in  
Funeral Homes. He/she has \_\_\_\_\_ of experience and will be  
(years, months)  
working at \_\_\_\_\_ as a residency or intern  
(Address of building where certificate is to be used)  
under my supervision.

Applicant is of GOOD CHARACTER and is PHYSICALLY ABLE to perform the functions required by the holder of the Certificate of Fitness.

\_\_\_\_\_  
(Printed name of Funeral Director)

\_\_\_\_\_  
(Funeral Director Registration No)

\_\_\_\_\_  
(Signature of Funeral Director)

**NOTE 1: The recommendation letter should be on employer's letterhead. If not on employer's letterhead, signature must be notarized.**

**NOTE 2: The funeral director registration number must be included.**

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