



**REQUIREMENTS FOR PREQUALIFICATION**

Before taking the FDNY S-56 Certificate of Fitness exam, the applicants must submit the required documents by mail or in person to: New York City Fire Department, Attention: C of F Unit, Bureau of Fire Prevention, 9 MetroTech Center - 1st Floor, Brooklyn, New York, 11201, Attn: Claudine McClintock. If you have any questions, please contact (718) 999-2506 or 0649 or email [mcclinc@fdny.nyc.gov](mailto:mcclinc@fdny.nyc.gov). You will be notified by email whether you qualify or not. If you qualify to take the FDNY C of F test, you will receive a call or an email notification.

The required documents for pre-approval:

- i. Completed and signed S-56 application form (see the front of this document). The applicants must demonstrate one of the qualifications listed in the section D of the S-56 application form.
- ii. Any required supporting documentation that can verify the certification or experience indicated in the section D of the S-56 application form. The sample employer recommendation letter is provided below.
- iii. Valid graduation certification issued by a FDNY certified school. The **Graduation Certificate is valid for one year diploma**. Applicants must be qualified before it expires.
- iv. Recommendation letter from their current employer. The sample employer recommendation letter is provided below.

\*Note: FDNY will accept applications with satisfactory proof of documentation for pre-approval before attending schools.

\*Note: No payment is required for the prequalification review.

**WRITTEN EXAM**

After you receive the notification about qualifying to take the FDNY S-56 C of F test, you should make appointment in the website (<http://www1.nyc.gov/site/fdny/business/all-certifications/cof-online-scheduler.page> ). This test is by appointment only. Starting processing time is **2:45 PM**. No test will be administered to applicants who arrive after the **3:00 P.M.**

**You must read the Notice of Exam** (<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-s56-noe-study-materials.pdf>) and understand the requirements for your written exam **before the test date**.

**APPLICATION FEE:**

**\$25** application fee in person by personal/company check or money order (*made payable to the New York City Fire Department*). *Payment must be paid prior to taking the test on the test date.*

For fee waivers submit: (*Only government employees who will use their C of F for their work- related responsibilities are eligible for fee waivers.*)

- A letter requesting fee waiver on the Agency’s official letterhead stating applicant full name, exam type and address of premises; **AND**
- Copy of identification card issued by the agency

**SAMPLE RECOMMENDATION LETTER** (The letter must be on official letterhead)

**COMPANY NAME**  
**BUSINESS ADDRESS**

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

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

To whom it may concern:  
I am pleased to confirm the employment of \_\_\_\_\_ for applying a FDNY Certificate of Fitness  

Applicant’s name

as a Construction Site Fire Safety Manager. The applicant was/is employed at \_\_\_\_\_ (company name) in  
the title of \_\_\_\_\_ during the following dates: from \_\_\_\_\_ to \_\_\_\_\_.

The applicant has/had been working at construction sites upon which “major buildings” are being constructed, such as:  
(check/list all apply)  
 be constructed to a height of 10 or more stories;  
 be constructed to a height of 125 feet or more;  
 have a lot coverage of 100,000 square feet or more;

The applicant is familiar with all safety procedures for the construction site safety. During the employment, the applicant’s has/had the responsibility for construction site safety and /or supervision of construction when construction, alteration and demolition work is being conducted. Specific job responsibilities involve such as:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(Printed name of Employer)                      (Employer’s title)                      (Signature of Employer)

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