

APPLICATION Z-51
CERTIFICATE OF QUALIFICATION - REFRIGERATING SYSTEM OPERATING ENGINEER
FIRE DEPARTMENT – CITY OF NEW YORK
BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT
9 METRO TECH CENTER, BROOKLYN, NY 11201-3857

The FDNY highly recommends you to submit this completed form and the scanned required documents **electronically** (in pdf) to the email, pubcert@fdny.nyc.gov, with subject: "Z-51 qualification review for _____ (your name)" before visiting the FDNY to take the exam.

Section A - Applicant Information Please print or type the information in the boxes below.

1. SOCIAL SECURITY NUMBER

2. DATE OF BIRTH

3. DAYTIME TELEPHONE NUMBER

4. LAST NAME

5. FIRST NAME

6. MI

7. MAILING ADDRESS

8. APT. NO.

9. IF YOU LIVE IN NYC, CHECK BOROUGH: Manhattan Bronx Brooklyn Queens Staten Island

10. CITY OR TOWN STATE

11. ZIP CODE

11. E-MAIL ADDRESS (OPTIONAL, BUT RECOMMENDED)

Section B - Universal Technician Certification

Attach a copy of the document that shows you have been certified as a Universal Technician in accordance with U.S. Environmental Protection Agency regulations. You must present the ORIGINAL and the copy of the certification on the exam day.

Section C – Education All applicants must possess a high school diploma or GED

Attach a copy of your high school diploma/GED. You must present the ORIGINAL and the copy of the certification on the exam day.

Section D - Professional Certification/Education or Employment Experience Complete (1) or (2). You must present the ORIGINAL and the copy of the document(s) on the exam day.
 (1): For any "YES" in the (1), you must attach documentation verifying your answer.
 (2): For each entry in the (2), you must attach a letter on business stationery, signed by an officer of the business or a chief engineer, verifying the information you provide. The sample letter is provided on the back of this form. The letter must be consistent with the information listed in the (2).

- (1). Professional Certification/Education - complete (a) or (b) or (c) or (d)**
- (a) DO YOU HOLD A VALID HIGH PRESSURE BOILER OPERATING ENGINEER’S LICENSE ISSUED BY THE NEW YORK CITY DEPARTMENT OF BUILDINGS? IF “YES,” GIVE INDEX NUMBER _____. YES [] NO []
- (b) DO YOU HOLD A VALID CERTIFICATE AS A MARINE ENGINEER ISSUED BY THE UNITED STATES COAST GUARD? IF “YES,” GIVE LICENSE NUMBER _____. YES [] NO []
- (c) DO YOU HOLD A VALID PROFESSIONAL ENGINEER LICENSE ISSUED IN THE UNITED STATES? IF “YES”, PROVIDE LICENSE NUMBER _____ IN THE STATE OF _____. YES [] NO []
- (d) HAVE YOU SATISFACTORILY **COMPLETED** A FDNY-ACCREDITED TRAINING PROGRAM IN REFRIGERATION? YES [] NO []
 IF “YES”, PROVIDE NAME & ADDRESS OF SCHOOL: _____,
 COURSE TITLE: _____, NUMBER OF CLASSROOM HOURS: _____,
 NUMBER OF HOURS OF FIELD OR SHOP WORK: _____, DATES OF ATTENDANCE (MO/DAY/YR): FROM ___/___/___ TO ___/___/___.
- (2). Employment Experience** If you answer NO for every question of (1) listed above, you must meet the employment experience requirements described on the Notice of Exam. In this part, begin with your most recent employment and work backwards. Attach additional sheets of paper, if necessary. You must also attach an employer letter for each entry below. The sample letter is provided on the back of this form.

EMPLOYMENT DATES (MONTH AND YEAR) FROM TO	OPERATION AND/OR MAINTENANCE ____ MONTHS	SERVICE AND/OR REPAIR ____ MONTHS
NAME AND ADDRESS OF WORK LOCATION	POUNDS OF REFRIGERANT IN SYSTEM ____ AND H.P. OF PRIME MOVER OR COMPRESSOR (MORE THAN 50 H.P.) ____ OR NUMBER OF INDIVIDUAL UNITS OF MORE THAN 15 H.P. BUT LESS THAN 50 HP (INDICATE HP OF EACH) ____	POUNDS OF REFRIGERANT IN SYSTEM ____ OR RATED H.P. OF EQUIPMENT ____
EMPLOYMENT DATES (MONTH AND YEAR) FROM TO	OPERATION AND/OR MAINTENANCE ____ MONTHS	SERVICE AND/OR REPAIR ____ MONTHS
NAME AND ADDRESS OF WORK LOCATION	POUNDS OF REFRIGERANT IN SYSTEM ____ AND H.P. OF PRIME MOVER OR COMPRESSOR (MORE THAN 50 H.P.) ____ OR NUMBER OF INDIVIDUAL UNITS OF MORE THAN 15 H.P. BUT LESS THAN 50 HP (INDICATE HP OF EACH) ____	POUNDS OF REFRIGERANT IN SYSTEM ____ OR RATED H.P. OF EQUIPMENT ____

Section F - Declaration

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3 RCNY § 9-01, and any other applicable law, rule or regulation, that the information provided above is true and accurate.

Signature of Applicant: _____ Date: _____

FOR FDNY USE ONLY

Date Received: ____ / ____ / 200__ Q _____ NQ _____ 4/06/00®

NOTE: DO NOT ENCLOSE CHECKS OR MONEY ORDERS WHEN SUBMITTING THIS APPLICATION BY MAIL
APPLICANTS ARE BARRED FROM BEING EMPLOYED BY ANY FDNY- APPROVED
REFRIGERATION SCHOOL FOR AT LEAST FOUR (4) YEARS AFTER TAKING THE CBT TEST

(This sample letter is designed for qualification review. One sample letter is required for each employer listed in the application form)

**FIRM OR COMPANY NAME
BUSINESS ADDRESS**

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

Dear Sir/Madam:

I am pleased to verify the employment experience of _____ . This applicant
(Applicant's name)

has/had been working at _____
(premises address, building designation and location of system to be supervised by the certificate holder. For example: 500 East 150th Street, B building, basement, east wing, Room B101)

from _____ to _____ .
(mm/yyyy) (mm/yyyy)

His/her job duties included (list all that apply):

- practical operation under the supervision of a C of Q holder (C of Q #: _____) in an refrigerating or air conditioning equipment that has an individual system containing _____ pounds of refrigerant.
- practical operation under the supervision of a C of Q holder (C of Q #: _____) in an refrigerating or air conditioning equipment that has a prime mover or compressor of _____ horsepower.
- practical operation under the supervision of a C of Q holder (C of Q #: _____) in an refrigerating or air conditioning equipment that an aggregate of individual systems of _____ horsepower each, with a total of _____ horsepower.
- servicing and repair of refrigerating or air conditioning equipment rated _____ horsepower.
- servicing and repair of refrigerating or air conditioning equipment containing _____ pounds of refrigerant.

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

(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.