

#### FIRE DEPARTMENT – CITY OF NEW YORK BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT 9 METROTECH CENTER, BROOKLYN, NY 11201-3857

# **F-80 APPLICATION**

Please print or type the information below. This form must be notarized.

This form must be completed by the **Employer or DHS Representative or the Shelter Director** who witnessed that the applicant successfully performed the functions listed below.

## Section A - Premises Verification

Does the shelter in which \_\_\_\_\_\_ is employed have a Fire Alarm System? (Name of Applicant)

□ No (If "No" is marked, the shelter **does NOT require a F-80 C of F holder**)

□ Yes (If "YES" is marked, the entire application form must be completed)

Please select the type of Fire Alarm System installed in the shelter: Interior Fire Alarm (IFA) system without voice communication

Interior Fire Alarm (IFA) system with one-way voice communication

Interior Fire Alarm (IFA) system with two-way voice communication

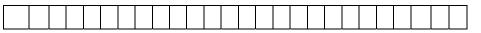
other, please specify: \_\_\_\_\_

## Section B - Applicant Information

Applicant's name:(last name)	,(first n		
Shelter Name			
Shelter Address	City	State	Zip Code
Public Phone Number: ()			
Public E-mail:	@		
The applicant MUST satisfactorily <u>COM</u> systems in homeless shelters from a FDN schools can be found in the following lir <u>http://www1.nyc.gov/assets/fdny/downle</u>	NY accredited school. Th	ne complete list of FI	DNY accredited

### Please attach the original and copy of the graduation certificate from the school.

NAME OF THE SCHOOL



Date of Completion



Function	<b>Personally witnessed</b> All items must be marked "yes" or "N/A" to proceed	Initials	Date
Make a public address announcement throughout	Yes		
the building, in the stairway(s), & on individual			
	N/A, because:		
floors	there is no voice communication system.		
	other:(please specify)		
Acknowledge signals at the fire alarm control panel	Yes		
renio "reage signals at the fire ataline control panor			
	N/A, because:		
	there is no indicator designed to be showed		
	on the panel.		
	other:		
Place the fire alarm system off line	(please specify) Yes		
Thee the fire alarm system on file	105		
	N/A, because:		
	the system is NOT monitored by a central		
	station.		
	other:		
Place the fire alarm system on line	(_please specify) Yes		
r lace the fire alarm system on fine	1 65		
	N/A, because:		
	the system is NOT monitored by a central		
	station.		
	other:		
Communicate with FEP staff utilizing the method	( please specify) Yes		
	105		
designated for an emergency (radio, intercom, etc.)			
Silence the fire tones throughout the building	Yes		
	N/A, because:		
	the system cannot be silenced.		
	other:		
	( please specify)		
Reset the fire command center	Yes		
Phase I elevator operation	Yes		
	N/A, because:		
	there is no elevator in the shelter.		
	other:		
	( please specify)		
Phase II elevator operation	Yes		
	N/A, because:		
	there is no elevator in the shelter.		
	other:		
	( please specify)		

# Section C - Fire alarm system and elevator operations

### Section D - Affidavit

I,	,, hereby swear that on	_ I have personally
	(Name of Signee) (MM/DD/YY)	· ·

witnessed the applicant demonstrated and performed all of the functions related to the Fire Alarm System and

elevator operations of the shelter that the applicant will be employed.

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_, in the year \_\_\_\_\_\_, I have hereunto affixed my signature and I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made in connection with the application are subject to investigation and verification. I understand that any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the F-80 Certificate of Fitness as applies to both the applicant and the signee.

Printed Name of Employer
/DHS Representative /Shelter Director

Job Title

Contact Phone number

Signature of Employer/ /DHS Representative/Shelter Director (Sign only before a Notary)

Signature of Notary

My commission expires: \_\_\_/\_\_/

Printed name of Notary