COMPANY NAME BUSINESS ADDRESS Fire Department Bureau of Fire Prevention 9 Metro Tech Center Brooklyn, NY 11201-3857 To whom it may concern:

The purpose of this letter is to affirm that the applicant (full name of applicant) qualifications for a S-16 Certificate of Fitness. (Name of applicant) is currently employed by (name and address of employer). (Name of applicant) has been or will be trained and knowledgeable for all systems that he/she will install/inspect/maintain/test.

All trainings have been or will be followed the manufacturer's recommendations which covered the entire instruction manual, hands-on training as well as incorporated installation, inspection, maintenance, and testing procedures for the system. I also understand that his/her training records must be readily available upon the FDNY representatives' request. I will also be responsible to notify the FDNY COF unit if this applicant is no longer working in my company.

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 S-61 COF holder)	(S-61 COF number	(Signature of S-61 COF holder)
Filled by the applicant		
I affirm that I understand that I can only install/inspect/maintain/test the gaseous fire		
extinguishing systems that I have received proper training listed above.		
(Printed name	of Applicant) (Sign	nature of Applicant)
Application fee (Cash is NO LONGER ACCEPTED):		

Pay the \$25 application fee online or in person by one of the following methods:

- Credit card (American Express, Discover, MasterCard, or Visa)
- Debit card (MasterCard or Visa)
- In person: Personal or company check or money order (*made payable to the New York City Fire Department*)

A convenience fee of 2% will be applied to all credit card payments.