--S18 Sample Recommendation Letter—

COMPANY NAME
BUSINESS ADDRESS

Date: _____

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 <u>(full name of applicant)</u> qualifications for a S-18 Certificate of Fitness. <u>(Name of applicant)</u> is currently employed by <u>(name and address of employer).</u> <u>(Name of applicant)</u> has been or will be trained and knowledgeable for all systems that he/she will install/inspect/maintain/test by complying with the requirements below:

- On or after 07/01/2023, this applicant will be assigned jobs related to the installation or tests witnessed by the Fire Department only for systems for which the technician holds a valid training certificate from the manufacturer. The manufacturer's training certificate must be issued to the technician and under this company name.

- On or after 10/01/2023, this applicant will be assigned jobs related to the maintenance or service of systems for which the technician received proper training (manufacturer's training or company internal training).

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/certificates 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 S81 COF holder)   (S81 COF number)   (Signature of S81 COF holder)

Filled by the applicant
I affirm that I understand that I can only install/inspect/maintain/test the dry chemical fire extinguishing systems that I have received proper training listed above.   _____   _____   (Printed name of Applicant)   (Signature of Applicant)