

Variance code: CC 89

FLSD Additional Work Location (Variance) Form

- If you are going to be an FLSD at 3 or more locations, you must submit/upload this application form with \$200 payment. Workdays/hours cannot conflict between work locations.
- You can choose to surrender one or more of your FLSD COFs if you no longer work at that premises by returning the COF cards with the completed Surrender Certificate of Fitness Form. https://www1.nyc.gov/assets/fdny/downloads/pdf/business/surrender-cof-applicant-form.pdf

Applicant's Name:	SSN: <u>XXX</u> - <u>XX</u> -
Current FLSD Work Locations:	
1. COF #:	_ □ F-89 □ T-89
	City:
From:AM/PM to:AM/PM on	□ Mon □ Tue □ Wed □ Th □ Fri □ Sat □ Sun
2. COF #:	_ □ F-89 □ T-89
	City:
	□ Mon □ Tue □ Wed □ Th □ Fri □ Sat □ Sun
3. COF #:	_ □ F-89 □ T-89
	City:
	□ Mon □ Tue □ Wed □ Th □ Fri □ Sat □ Sun
I have taken and passed an onsite a	t the following locations:
	City:
The possible working hours of this new C	OF will be:
From:AM/PM to:AM/PM on	□ Mon □ Tue □ Wed □ Th □ Fri □ Sat □ Sun
I understand that as F-89/T-89 at three o	r more locations, I am subject to pass a new On-Site
Exam in order to renew my FLSD Certif	ication for each location listed above at renewal time.
Applicant's Signature:	Date:

Fire Department, City of New York