

Certificate of Fitness Alternative Issuance Procedure –
B-03 Testing of In-Building Auxiliary Radio Communication Systems Applicant
Affirmation Form

(Used by Individual Applicants only, PRINT all information requested)
 This form must be completed by the applicant for the application to be valid.

SECTION 1: EMPLOYER INFORMATION

Company name: _____
 Company code: _____; N/A
 Is this company an FDNY approved ARC company? Yes, company ID: _____; No, but the ARC company application document will be mailed.
 Company Address : _____ City _____ State _____ Zipcode _____
 Name of Designated Coordinator: _____; N/A
 Email of Designated Coordinator: _____ @ _____; N/A
 Contact phone # of Designated Coordinator: _____; N/A

SECTION 2: APPLICANT INFORMATION

First Name: _____ Last Name: _____ MI _____ Last 4 digits of SSN: XXX-XX-_____
 Contact Phone: _____ Email: _____ @ _____
 Mailing Address : _____ City _____ State _____ Zipcode _____
 Experience in the related field: _____ years.
 Are you the principal of the ARC company? Yes; No, I am an employee of the company listed above

SECTION 3: DECLARATION

I, _____, hereby certify that I am trained and knowledgeable in the following applicable code/rule, the FDNY study material and the manufacturer manual for different types of FDNY approved In-Building Auxiliary Radio Communication (ARC) systems:

- Fire Code: Chapter 1 and Section 511
- Fire Department Rule Chapter/Section: §511-01
- National Fire Protection Association Codes and Standards: NFPA 1, Annex O, 2009 Edition
- FDNY Study Material: B-03

I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my professional license.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.

I also understand that the Fire Department reserves the right to call up to test the applicants who are issued by AIP. Applicant who has failed the written exam will not be allowed to take advantage of this policy.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

I hereby authorize my employer to represent me before the NYC in connection with my C of F application(s). (Check if your employer is submitting the application for you)

Signature of Applicant: _____ Date: _____

SECTION 4: EDUCATION, LICENSE, AND EXPERIENCE REQUIREMENT

(You must attach the copy of the license documentation along with your application)

- Federal Communication Commission (FCC) general radio telephone operator license or above.

AND

- Meet **one** of the following qualifications:

- Employee of an **approved** ARC company.

The approved ARC company list can be found:

<https://www1.nyc.gov/assets/fdny/downloads/pdf/business/approved-companies-arc-system.pdf>

- Employee of an ARC company applying for the FDNY’s approval. The ARC company certification application will be mailed to the FDNY after this B-03 application submitted online.

Find the information regarding the ARC company application:

<https://www1.nyc.gov/site/fdny/business/all-certifications/certificates-auxiliary-radio-comm.page>

SECTION 5: RECOMMENDATION LETTER

All applicants must present a letter of recommendation from the employer. The letter must be on official letterhead, and must state the applicant’s full name, experience and the address where the applicant will work. **The company must be one of the approved ARC companies or must mail the ARC company certification application after this B-03 application submitted online.** If the applicants are self-employed or the principal of the company, they must submit a notarized letter attesting to their qualifications. For more info:

- Sample of recommendation letter:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-samplerec-letter.pdf>

- Sample of self-employed letter:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-sample-selfrec-letter.pdf>

SECTION 6: PHOTO REQUIREMENT

A recent photo (2x2 head shot) in JPG or JPEG format. File name should be named with applicant’s first and last name.

SECTION 7: APPLICATION FEE AND PROCEDURES

The application and fee for this certificate is \$ 25. The application and fee must be submitted online.

Instructions for online application and payment can be found here:

<https://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals.pdf>

SECTION 8: CHECK LIST OF ALL SUPPORTING DOCUMENTS NEEDED

This check list should be used to review if you have prepared and scanned the following materials that are required to be uploaded to submit your application online:

- This completed and notarized affirmation form.
- All required documents listed in Section 4.
- A recommendation letter with company letterhead.
- A recent photo in JPG or JPEG format.



Use the following link (or use the QR code) to learn how to APPLY ONLINE:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-short.pdf>

SECTION 9: STATEMENTS & SIGNATURES

I understand that I am legally bound by what is stated in this application and will be responsible for any false statements or inaccurate information. I hereby solemnly swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

_____ <i>Applicant’s print name</i>	Notarization <i>(required for individual applicant)</i> State of New York, county of: _____	Notary Seal
_____ <i>Applicant’s signature</i>	Sworn to or affirmed under penalty of perjury _____ day of _____ 20____	
_____ <i>Date</i>	Notary Signature _____	