



FDNY

www.nyc.gov/fdny

Date: _____

SSN: XXX- XX- _____

Please note that I, _____ hereby surrender

my current **COF #** _____ as I no longer work as an FLSD at

the following location:

_____ City: _____ Zip Code: _____.

I understand that once I surrender this certificate:

- the COF will not be returned.
- I am unable to work as the FLSD for the building listed above.
- I am still eligible to take on-sites exams in other buildings.

Signature: _____

Actual COF card must be attached here

If card is not attached, a notarized statement is required.