

**ALL APPLICATIONS FOR
CERTIFICATE OF FITNESS,
INITIAL OR RENEWAL, WILL NOT
BE PROCESSED WITHOUT FIRST
BEING NOTARIZED AND A COPY
OF VALID I.D. (ex. – DRIVERS
LICENSE/PASSPORT) ENCLOSED.**



**NASSAU COUNTY FIRE COMMISSION
OFFICE OF FIRE MARSHAL**
Nassau County Public Safety Center
1194 Prospect Avenue
Westbury, NY 11590
516-573-9900

Application for Certificate of Fitness

Initial Renewal

Check Only One		
Flamm/Comb Liquid Storage Tank Testing(1) <input type="checkbox"/>	Flammable Gas Bulk Transport(1) <input type="checkbox"/>	Solid/Liquid Oxidizer Handling <input type="checkbox"/>
Flamm/Comb Liquid Dispensing Handling(2) <input type="checkbox"/>	Flammable Gas Cylinders Handling(2) <input type="checkbox"/>	Gaseous Oxidizer Handling <input type="checkbox"/>
Flamm/Comb Liquid Transportation(3) <input type="checkbox"/>	Flammable/Compressed Gas Transport/Handling(3) <input type="checkbox"/>	Welding & Cutting <input checked="" type="checkbox"/>
		Portable Fire Extinguisher Servicing <input type="checkbox"/>

Name of Applicant _____ Date _____
 Address _____ Phone# _____
 Village _____ St _____ Zip _____ Lic ID _____

Height (Inches) _____ Weight _____ Date of Birth _____ Soc. Sec. # _____
 Does the applicant hold valid drivers license. Yes No Driver's Lic# _____ St _____
 Has the applicant ever had any license denied, cancelled, revoked or suspended, including drivers license or any NCFM license or permit. Yes No
 If yes, explain: _____
 Enclose a copy of drivers license or other photo ID.
 Has the applicant ever been convicted of a crime. Yes No
 If yes, explain: _____
 Employed by General Building Laborers Local 66 Years Employed _____
 Address 1600 Walt Whitman rd. Melville, NY, 11747 Phone# 631-454-2330
I am familiar with all of the ordinances, laws and regulations pertaining to the certificate of fitness I am applying for. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.
 Signature _____ Date _____
 Notary _____

FOR FIRE MARSHAL USE ONLY

Certificate# _____	Test Procedure _____	_____	_____	_____
Date Issued _____	Test Date _____	_____	_____	_____
Expiration _____	Test# _____	_____	_____	_____
Cash Rcpt # _____	Written Score _____	_____	_____	_____
FOA # _____	Practical Score _____	_____	_____	_____
Check No. _____	Amount _____	_____	_____	_____