

APPLICATION Z-59
EMERGENCY ACTION PLAN DIRECTOR

FIRE DEPARTMENT – CITY OF NEW YORK
BUREAU OF FIRE PREVENTION, PUBLIC CERTIFICATION AND EDUCATION UNIT
9 METROTECH CENTER, BROOKLYN, NY 11201-3857

Section A - Applicant Information Please print or type the information in the boxes below.

SOCIAL SECURITY NUMBER										DATE OF BIRTH					DAYTIME TELEPHONE NUMBER												
LAST NAME										FIRST NAME										MI							
MAILING ADDRESS																									APT. NO.		
IF YOU LIVE IN NYC, CHECK BOROUGH: <input type="radio"/> Manhattan <input type="radio"/> Bronx <input type="radio"/> Brooklyn <input type="radio"/> Queens <input type="radio"/> Staten Island																											
CITY OR TOWN															STATE		ZIP CODE										

Section A – FSD Certification

Attach a copy of the document that shows you have been certified as a Fire Safety Director for Hi-Rise/Office Buildings F-58 or F-25

Section B – EAPD School Diploma.

Have you COMPLETED An FDNY-ACCREDITED training school for Emergency Action Plan? Yes No

NAME OF THE SCHOOL															DATE OF COMPLETION					Examiner's Approval				
																				<input type="radio"/> Yes		<input type="radio"/> No		

Attach the original EAP School Diploma.

Section C - EAP Listing

Attach affidavit from Building Owner or Employer attesting to applicant's listing as EAPD

Section D - Declaration

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty pursuant to the New York State Penal Law, New York City Administrative Code §15-220.1, Fire Department rule 3RCNY §6-02, and any other applicable law, rule or regulation, that the information provided above is true and accurate.

Signature of Applicant: _____ Date: _____

FOR FDNY USE ONLY

Date Received: ____/____/20____
2/15/12®

Q _____

NQ _____