**Applicant’s Name:**

**Lab Room # Department 160 Convent Ave**

**New York, N. Y. 10031**

**Tel: 212.650. Fax: 212.650**

**Email:**

 , 20\_\_

To Whom It May Concern NYC Fire Department Office of Public Certificate 9 MetroTech Center

Brooklyn, NY

11201-3857

Re: Statement of Applicant for Certificate of Fitness

 for The Supervision of Chemical Laboratories

I, have a reasonable understanding of and have received training in 3RCNY&10-01, I am currently employed at the City College, 160 Convent Ave, New York, NY 10031,

 Building and have been worked for years in a Chemical Laboratory post-baccalaureate experience in the operation of chemical laboratories may apply for alternative issuance which is stated and signed by the employer/supervisor on a company official letter head.

I acknowledge that a certificate of fitness for the Supervision of a Chemical Laboratory (Type C-14) is being issued to me by the New York City Fire Department based on my academic credentials. I have knowledge of the department regulations governing work with Chemical Laboratories and have attended training provided by the Environmental Health and Safety Office at City College.

I hereby do solemnly affirm that the information provided by me in this letter is true and accurate to the best of my knowledge.

# NAME:

**SIGNATURE:**

**DATE:**