

**APPLICATION FOR REGISTRATION OF FILING PROCESSOR (EXPEDITOR)  
FOR COMPANY OWNER, PRINCIPAL OR SELF EMPLOYED**

Submit completed form (front and back) and all attachments to:

Director of Licensing  
Bureau of Fire Prevention  
Fire Department – City of New York  
9 MetroTech Center – Room 1S -1C  
Brooklyn, NY 11201-3857

**Instructions:** This application must be completed by owner, principal or self employed individuals. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee (\$105 for original applications and \$50 for renewal applications). The fees are non refundable. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fees are required after 30 days.

ORIGINAL

RENEWAL (Include Certificate Comp. # \_\_\_\_\_)  
Must submit copy of current COF

**ALL QUESTIONS MUST BE ANSWERED.** Approved applicants will receive an official letter from the FDNY after review. All sections of the Application are to be completed by owner/principal only.

Unless exempted under the languages below, this Certificate of Registration is required for all provisions whether it is done in person, mail or other alternate means.

**116.1 REGISTRATION.** No person may submit, file, request, negotiate or otherwise seek approval of applications for insurance of permits, or other approvals, including approval of design and installation documents, without first having obtained an expeditor registration certificate in accordance with this section and the rules. It shall be unlawful to hold oneself out to the public or otherwise represent that one is “registered with the fire department”, or make any similar representation in such a manner as to convey the impression that such person is registered with the department unless such person is registered in accordance with this section.

**Exceptions:** The following persons are exempt from the provisions of this section:

1. Any person or entity making application on his, her or its own behalf. If the applicant is a partnership or corporation, the general partners and principal officers thereof shall be included within this exception. Principal officers of a corporation shall include the presidents, vice presidents, secretary and treasurer.
2. The occupants of a premise that is the subject of the application, if authorized by the owners to file the application.
3. Registered architects licensed by the New York State Department of Education.
4. Professional engineers licensed by the New York State Department of Education.
5. Attorneys admitted to practice in New York State
6. Master plumbers licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
7. Master fire suppression piping contractors licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
8. Master electricians licensed by the Commissioner of Buildings, when such application relates to work performed under their license.
9. Certificates of license holders, when such application relates to work performed under their license.
10. Fire safety director or fire safety emergency action plan director certificate holders when the application relates to the fire safety and evacuation plan or emergency action plan of the building for which they are registered.

**Section A – COMPANY**

**Company Name:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Name of Owner or Principals Completing Application:**

**EMAIL ADDRESS**

@

**If your business is located outside of NYC, you must list an Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action. (P.O. Box not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal papers if required)**

**Name**

**Address**

**City**

**Zip Code**

**Section B – OWNER/PRINCIPAL**

A. Are you or have you ever been employed by the FDNY or any other City agency in past three years?

YES

NO

If yes, state the agency name and dates of employment

If yes, have you sought or received approval from the NYC Conflicts of Interest Board? (Attach copy of the ruling)

YES

NO

**Section C- OWNER/PRINCIPAL PROFESSIONAL EXPERIENCE**

Please list work experience for the past 5 years. List most recent experience first & continue backwards in chronological order.

COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

**Section D – RESUME**

Did you attach a typed copy of your resume? \_\_\_\_ Yes

**Must attach resume to proceed.**

**Section E – RELATIONSHIPS**

Are any members of your immediate family or household employed by the FDNY? YES  NO

If yes provide relationship, names, titles, rank, Bureau

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section F- ADDITIONAL INFORMATION**

**LIST ALL VIOLATIONS, JUDGEMENTS, CONVICTIONS AND PENALTIES  
ISSUED BY THE FDNY AGAINST THE COMPANY, PRINCIPALS OR OFFICERS IN THE PAST 5  
YEARS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL FDNY PERMITS ISSUED TO THE COMPANY, PRINCIPAL OR OFFICERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section G - CONVICTION RECORD**

1. Are there any prior convictions and pending charges against you? DO NOT include Parking violations. A guilty plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/ unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES                       NO

2. Are there any criminal charges pending against you?

YES                       NO

**LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:**

| DATE OF CONVICTION | TYPE OF OFFENSE | NAME & LOCATION OF COURT | SENTENCE/FINE |
|--------------------|-----------------|--------------------------|---------------|
|--------------------|-----------------|--------------------------|---------------|

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Add additional sheets, if necessary

COMMENTS:

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**Section H- Oath or Affirmance and Acknowledgement**

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.

I also affirm that this certificate, if issued, is subject to the requirements of all applicable provisions including Fire Code 116-01.

I also affirm that I will notify the FDNY in writing within 24 hours of changes regarding this form.

I also consent to a background check if requested by the FDNY.

I understand that the FDNY reserves the right to evaluate and distribute my performance as a Filing Processor (Expeditor.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION FOR REGISTRATION OF FILING PROCESSOR (EXPEDITOR)  
FOR EMPLOYEES**

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**Director of Licensing  
Bureau of Fire Prevention  
Fire Department – City of New York  
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Brooklyn, NY 11201-3857**

**Instructions:** This application must be completed by employee. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee (\$105 for original applications and \$50 for renewal applications). Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fees are required after 30 days.

**ORIGINAL**

**RENEWAL (Include Certificate Comp. # \_\_\_\_\_)  
Must submit copy of current COF**

**ALL QUESTIONS MUST BE ANSWERED. Approved applications will receive an official letter from the FDNY after review. All sections of the Application are to be completed by employee.**

**Section A – COMPANY (A letter of recommendation signed by the approved owner or the approved principal of the expediting company must be included if you are an employee) OR if your employer is exempted from R01, you must submit a letter of recommendation on a proper letter head with proper seals.**

**Company Name:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Principal Name:**

**EMAIL ADDRESS:**

**Section B – EMPLOYEE**

**Applicant's Name:**

**Home Address:**

**Telephone Number:**

**Email Address:**

A. Are you or have you ever been employed by the FDNY or any other City agency in past three years?

YES  NO

If yes, state the agency name and dates of employment

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If yes, have you sought or received approval from the NYC Conflicts of Interest Board? (Attach copy of the ruling)

YES  NO

**Section C- EMPLOYEE PROFESSIONAL EXPERIENCE**

Please list work experience for the past 5 years. List most recent experience first & continue backwards in chronological order.

COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

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COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

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COMPANY \_\_\_\_\_ DATES \_\_\_\_\_ to \_\_\_\_\_

DUTIES \_\_\_\_\_

**Section D – RESUME**

Did you attach a typed copy of your resume? \_\_\_\_ Yes  
**Must attach resume to proceed.**

**Section E – RELATIONSHIPS**

Are any members of your immediate family or household employed by the FDNY? YES  NO

If yes provide relationship, names, titles, rank, Bureau

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**Section F - CONVICTION RECORD**

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plea is a conviction even if you were never imprisoned and only fined. You must also disclose if you were conditionally/ unconditionally discharged or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed or set aside under Federal and NY State law, or material pertaining to a youthful offender category. You may not be considered a youthful offender based on your age at the time of the offense. If you are unsure, list the offense.

YES  NO

3. Are there any criminal charges pending against you?  YES  NO

**LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:**

| DATE OF CONVICTION | TYPE OF OFFENSE | NAME & LOCATION OF COURT | SENTENCE/FINE |
|--------------------|-----------------|--------------------------|---------------|
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Add additional sheets, if necessary

COMMENTS:

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**Section G– Oath or Affirmance and Acknowledgement**

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I also consent to a background check if requested by the FDNY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE