

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

Instructions: Submit completed form and all attachments electronically and pay the \$210 application fee for a TWO year period by one of the following methods:

- Credit card (American Express, Discover, MasterCard, or Visa)
- Debt card (MasterCard or Visa)
- E-Check

Online through NYC Business Express: <https://www1.nyc.gov/nycbusiness/description/cor-r02/apply>

A convenience fee of 2.49% will be applied to all credit card payments. The application fee is non-refundable.

If your application meets all NYC Fire Department (FDNY) requirements, a certificate will be sent to your mailing address within five business days. If your application is incomplete, you will be notified by FDNY, and will have 30 days to resubmit your application without any financial penalty. After 30 days, you will need to submit a new application and pay the application fee again.

ALL QUESTIONS MUST BE ANSWERED.

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)

Did you attach a letter from your approved FDNY employer? ___ Yes

Must include EMPLOYER’S R-01 COF # _____

OR

If your employer is exempted from R01, you must submit a letter of recommendation on a proper letter head with proper seal.

Did you attach a letter with a proper seal? ___ Yes

Pay the \$210 application fee for a TWO year period online by one of the following methods:

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- Debt card (MasterCard or Visa)
- E-Check

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Company Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Fax Number:** _____

Principal Name: _____ **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 documents if required) If a valid R-01 COF is listed above, you may skip this part.

Address:

City:

State:

Zip Code:

Section B – EMPLOYEE

Applicant's Name: _____

Home Address:

City:

State:

Zip Code:

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

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 _____

COMPANY _____ DATES _____ to _____

DUTIES _____

COMPANY _____ DATES _____ to _____

DUTIES _____

Section D – RESUME Must attach resume to proceed.

Did you attach a typed copy of your resume? ____ Yes

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 - 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

Add additional sheets, if necessary

COMMENTS:

Section G– 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 have read, viewed and thoroughly understand all information presented in the tutorial. Proof attached.

http://www.nyc.gov/html/fdny/pdf/cof_study_material/expeditor_tutorial_9_2014.pdf

SIGNATURE

DATE