

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

**Instructions:** This application must be completed by owner, principal or self-employed individuals. Email this completed form to [pubrenew@fdny.nyc.gov](mailto:pubrenew@fdny.nyc.gov) and renew your certificate and pay the \$100 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 at <https://paydirect.link2gov.com/FDNYCOF/ItemSearch>

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.

**Include current R-02 COF # 8 \_\_\_\_\_.**

**ALL QUESTIONS MUST BE ANSWERED.**

**Section A – COMPANY (Submit a letter of recommendation signed by the approved owner or the approved principal of the expediting company.)**

**Did you attach a letter from your approved FDNY employer? \_\_\_ Yes**

**Must include EMPLOYER’S current R-01 COF #8 \_\_\_\_\_**

**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**

**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:

Applicant's Name:

Applicant's Home Address:

City:

State:

Zip Code:

Personal Telephone Number:

Personal Email Address:

**Section B - 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 C – ADDITIONAL CHANGES**

Has any other information changed from the previously submitted application?  YES  NO

If there are any changes in the information you previously submitted to the FDNY please clearly specify below:

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**Section D- 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](http://www.nyc.gov/html/fdny/pdf/cof_study_material/expeditor_tutorial_9_2014.pdf)

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SIGNATURE

\_\_\_\_\_  
DATE