



Division of Fire Prevention

One Independence Hill, Farmingville, 11738
(631) 451-6262 FAX: (631) 451-6283

FP-06 rev.01/16

PLEASE TYPE OR PRINT CLEARLY

1. DATE OF APPLICATION:	2. TYPE OF CERTIFICATE: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
3. NAME OF APPLICANT:	
4. ADDRESS:	

5. TELEPHONE:		
6. DATE OF BIRTH:	7. HEIGHT:	8. COLOR OF EYES:
9. EMPLOYED BY:		10. HOW MANY YEARS:
11. TELEPHONE:		

Any false statement made herein is punishable as a misdemeanor pursuant to S201.45 of New York State Penal Law.

12. SIGNATURE OF APPLICANT:	13. DATE:
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Office Use Only

Test Date _____	Date Certificate Issued _____
Test Given By _____	Date Certificate Expires _____
Test Results _____	Certificate of Fitness No. _____
	Certificate Issued By _____

CERTIFICATE FEE OF \$65.00, MADE PAYABLE TO THE TOWN OF BROOKHAVEN, IS REQUIRED.