



# CERTIFICATE OF FITNESS APPLICATION

DATE

**PLEASE PRINT ALL INFORMATION CLEARLY**

(See Reverse for Important Information)

CERTIFICATE NUMBER ASSIGNED <input type="text"/>		CLASS: <input type="checkbox"/>	ENTER TYPE OF CERTIFICATE OF FITNESS APPLYING FOR: <b>C14: Supervision of Non-Production Chemical Laboratories</b>
FOR OFFICIAL USE ONLY		TYPE: <input type="checkbox"/>	

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		APT.	CITY OR BOROUGH	STATE ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPERIENCE—TYPE "X"	EXPERIENCED—LENGTH	DATE OF BIRTH
<input checked="" type="checkbox"/> PRACTICAL EXP <input type="checkbox"/> TRADE SCHOOL	YEARS MONTHS	<input type="text"/>
SEX "X"	WEIGHT	HEIGHT
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	<input type="text"/>
PERSONAL EMAIL ADDRESS		
<input type="text"/>		

PREMISES RELATED

EMPLOYER NAME  
**LEHMAN COLLEGE**

APPLICANT'S WORK ADDRESS  
**250 BEDFORD PK BLVD West**

CITY OR BOROUGH STATE ZIP CODE  
**BRONX NY 10468**

FALSIFICATION OF ANY STATEMENT HEREIN IS AN OFFENSE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH (NYC ADMINISTRATIVE CODE, O.C. SECTION 1151-9.0/N.C. 10-154)

**APPLICATION  
MUST BE SIGNED  
TO BE PROCESSED!**

**X**  
APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

CHECK HERE IF N/F ACCOUNT  I.D. \_\_\_\_\_ (INITIALS)

EXAMINER'S SIGNATURE: \_\_\_\_\_

EXAMINER'S IDENTIFICATION NUMBER

TEST RESULT: PASS: \_\_\_\_\_  
FAIL: \_\_\_\_\_