T-93 CERTIFICATE OF FITNESS EXAM PREP REGISTRATION FORM

COURSE DESCRIPTION

This seminar assists candidates to prepare to navigate the FDNY exam, which can be taken one of four ways: Online exam; In-person computer-based exam; Group appointment exam; Special field exam.

LEARNING OUTCOMES

Upon completion of this course, the student will:

- Be able to identify the roles and responsibilities of a T-93 certificate of fitness holder.
- Learn FDNY permit requirements for the use and storage of LPG heaters in outdoor dining areas
- Learn the general safety precautions when using and storing propane tanks

FOR MORE INFORMATION
ON THIS COURSE, GO TO:
WWW.TSCTRAININGACADEMY.COM/
FDNY-APPROVED-COURSES

COURSE NOTES

The handling and use of portable space heaters shall be under the personal supervision of a T-93 Certificate of Fitness holder.

Personal supervision means the Certificate of Fitness holder must be personally present in the restaurant to supervise the handling (moving) and the use of the heaters. The restaurant owner must ensure that at least one employee of the restaurant obtain the T-93 Certificate of Fitness within three weeks of submitting the attestation (the FDNY permit application).

| COURSE FEES | | | | | |
|---------------------|--|---------------------|--|--|--|
| INDIVIDUALS | | \$50.00/PARTICIPANT | | | |
| TOTAL ATTENDEES: | | TOTAL COST: | | | |

COURSE FEES are due in full in order to be eligible to receive course completion materials.

ENROLLEE & SESSION INFORMATION



| ENROLLEE NAME | | | | |
|---|---------------------------------|-------------------------------|--|--|
| ADDRESS | | | | |
| CITY | STATE | ZIP CODE | | |
| HOME# | | DATE OF BIRTH | | |
| | EMAIL | | | |
| COMPANY/SPONSOR NAME | | | | |
| COMPANY CONTACT | | | | |
| COMPANY ADDRESS | STATE | ZIP CODE | | |
| WORK EMAIL | WORK# | FAX# | | |
| COURSE DATE(S) | | | | |
| RELEASE OF MATERIALS (SELECT ONE)* | TO STUDENT AFTER CLASS | MAIL TO COMPANY ADDRESS | | |

MATERIAL NOTES

Students are required to complete 100% of the course and actively participate in all learning activities. Make-up time is not permitted for this training course.

This temporary Certificate of Fitness will be void by the FDNY upon the termination of the COVID-19 state of emergency or the resumption of typical operations at full occupancy by restaurants.

This Certificate of Fitness is registered to a specific address and is valid only for the specific person to whom it is issued.

HOW TO REGISTER

ONLINE: Please visit www.tscta.com

EMAIL: Send completed form to info@tscta.com **FAX:** Send completed form to 718-389-6155

CREDIT CARD TRAINING ACADEMY BREAKDOWN OF CHARGES DATE(S) OF #OF FEE PER TOTAL TRAINING STUDENTS STUDENT TOTAL TOTAL AMOUNT TO BE CHARGED:

ACCEPTABLE FORMS OF PAYMENT

- Cash Credit card (see adjacent form)
- Money order/certified check
- Check (7 day hold for release of materials)

REGISTRATION, CANCELLATION & ATTENDANCE

Seating will not be reserved without completed registration form and full payment. Fees include cost of all training materials. After registration, confirmation will be provided by email. Discounts cannot be combined. Registration forms sent in to office after 5 PM will be processed the following business day.

ATTENDANCE: TSCTA requires 100% attendance to satisfy course requirements. Students must arrive no later than 30 minutes after start of training to be admitted.

CANCELLATION or rescheduling requests will be accepted with no penalty at least 3 business days prior to training start date. Failure to provide adequate notice may result in forfeiture of 50% of course fees. Registrations made less than 3 days before event start date will not be eligible for a refund. No cash refunds will be issued. TSCTA reserves the right to reschedule or cancel any course date(s) for any reason, including insufficient enrollment.

To view TSCTA's registration, refund, class-room, privacy & nondiscrimination policies, please visit www.tscta.com.

CREDIT CARD DETAILS

| NAME OF PERSON PREPARING FORM | | |
|---------------------------------|--|---------------------|
| COMPANY NAME (IF APPLICABLE) | | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP |
| EMAIL | | |
| PHONE | | |
| CARD TYPE: VISA MASTERCARD AMEX | DISCOV | ER |
| CARDHOLDER NAME | | |
| CARD NO. | | |
| EXP. DATE | VERIFICATION | N CODE |
| CARDHOLDER SIGNATURE | | |
| DATE | | |
| CREDIT CARD AUTHO | RIZATION | |
| I, | the authorize d TSC's can se to the terr | ed cel- ns as |

Further, no course completion material (s) will be released until ALL account balances have been paid in full.

(3) days advance notification of registration can-

cellation may result in forfeiture of deposit payment

CREDIT CARD ON FILE

Check this box to authorize TSCTA to save your credit card info on file for all future training balances on your account.

A credit card receipt will be emailed to you each time a charge is made.