

# G-93 CERTIFICATE OF FITNESS EXAM PREP REGISTRATION FORM

## COURSE DESCRIPTION

This seminar will assist students in preparing to successfully pass the written examination required by the FDNY to obtain the Certificate of Fitness for Supervision of Portable Natural Gas Heaters (G- 93) which can be taken, in person at FDNY's headquarters through a computer-based exam.

## LEARNING OUTCOMES

Upon completion of this course, the student will:

- Learn the frequent inspections that shall be conducted for the safe operation of the heaters.
- Be able to identify applicable FDNY and Rules of the City of New York regulations for the daily installation and removal of spaced heaters.
- Learn the protocols for notifying the FDNY and their responsibilities in the emergency response plan.

FOR MORE INFORMATION  
ON THIS COURSE, GO TO:  
[WWW.TSCTRAININGACADEMY.COM/  
FDNY-APPROVED-COURSES](http://WWW.TSCTRAININGACADEMY.COM/FDNY-APPROVED-COURSES)

## COURSE NOTES

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

The certificate of fitness of fitness holder will also be responsible for the he storage of portable space heaters, and the fuel required for their operation. Every Certificate of Fitness holder shall hold the Certificate of Fitness card while performing such supervisory duties

## 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 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](http://www.tscta.com)

**EMAIL:** Send completed form to [info@tscta.com](mailto:info@tscta.com)

**FAX:** Send completed form to 718-389-6155

# CREDIT CARD AUTHORIZATION FORM



## BREAKDOWN OF CHARGES

DATE(S) OF TRAINING	# OF STUDENTS	FEE PER STUDENT	TOTAL
<b>TOTAL AMOUNT TO BE CHARGED:</b>			

## 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, classroom, privacy & nondiscrimination policies, please visit [www.tscta.com](http://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  DISCOVER

CARDHOLDER NAME

CARD NO.

EXP. DATE

VERIFICATION CODE

CARDHOLDER SIGNATURE

DATE

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, hereby authorize TSC Training Academy, LLC to charge the above credit card for the authorized amount. I have read and reviewed TSC's cancellation and deposit policy and agree to the terms as written. I understand that failure to provide three (3) days advance notification of registration cancellation may result in forfeiture of deposit payment (s).

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

## 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.***