THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES
DIVISION OF CITYWIDE PERSONNEL SERVICES - - APPLICATION SECTION
ONE CENTRE STREET / 14TH FLOOR NEW YORK, NEW YORK 10007
INTERNET ADDRESS: WWW.NYC.GOV/HTML/DCAS AUTOMATED TELEPHONE: (212) 669-1357

APPLICATION FOR PRACTICAL RE-EXAMINATION (LICENSE)

INSTRUCTIONS FOR FILING APPLICATION

APPLICATIONS MUST BE PROPERLY FILLED OUT, SIGNED, AND FILED BY MAIL TO THE APPLICATION SECTION OF THE N.Y.C. DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES, 1 CENTRE STREET, 14TH FLOOR, NEW YORK, N.Y. 10007. THE REQUIRED FEE BY MONEY ORDER ONLY MADE PAYABLE TO **DCAS (EXAMS)** MUST ACCOMPANY THE APPLICATION. **CHECKS AND CASH WILL NOT BE ACCEPTED**. RETAIN YOUR MONEY ORDER RECEIPT AS PROOF OF FILING. THE EXAMINATION NUMBER AND THE SOCIAL SECURITY NUMBER OF THE CANDIDATE MUST BE WRITTEN ON THE FRONT OF THE MONEY ORDER.

Included in this material is a voter registration form. If you take this opportunity to register to vote, please mail postage-paid form directly to the Board of Elections. The provision of government services is not conditioned on being registered to vote.

FEE: $220.00

COMPLETE THE FOLLOWING QUESTIONS:

(1) Have you taken and passed a written examination for the license listed below, given by the Division of Citywide Personnel Services within the last two years? **Check one: YES [ ] NO [ ]**	**(2)** Have you taken a practical re-examination before? **Check one: YES [ ] NO [ ]**	**(3)** For Oil Burning Equipment Installer re-examination filers **only**: **Check one: CLASS A [ ] CLASS B [ ]**

EXAM NO.: _____ - _____ **EXAM TITLE:** _____

SOCIAL SECURITY NUMBER: ___ - ___ - ____ (Check your card before entering your number)

DATE OF BIRTH*: (see reverse side) ___ - ___ - ___ Month Day Year

LAST NAME (include Suffix: Jr/Sr/III, etc.) _____ **FIRST NAME** _____ **M I** _____

MAILING ADDRESS (include Street/Avenue/Blvd/Road, etc.) _____ **APT NO.** _____

(include below if applicable: C/O, PH, Floor, etc.) _____

CITY OR TOWN _____ **STATE** _____ **ZIP CODE** _____ + **FOUR** _____

IF YOU LIVE IN NYC, CHECK THE BOROUGH:

✍ Manhattan ✍ Bronx ✍ Brooklyn ✍ Queens ✍ Staten Island

DAYTIME TELEPHONE NUMBER (include area code) ___ ___ - ____ **Ext.** _____

DECLARATION: I declare, under penalties of the penal law, that I prepared this application and that the statements contained herein are to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made false statement or give information which I know to be false in connection herewith.

SIGN YOUR NAME _____ **DATE** _____/_____/_____

REMINDER:

✍ Is your SOCIAL SECURITY NUMBER correct?
✍ Did you enclose the correct FEE or FEE WAIVER?
✍ Did you answer QUESTION 1 **and** QUESTION 2 above?
✍ Did you give your complete DAYTIME TELEPHONE NUMBER?
✍ Did you give your complete ADDRESS?
✍ Did you SIGN and DATE your application? ✍
✍ Did you attach a copy of your most recent Failure notice?
✍ Oil Burning Equipment Installer filers, did you answer QUESTION 3 above?

NOTE: Test dates are tentative and subject to change. The Test Date reflects the first day of testing for those tests which are administered over the course of more than one day.

* The New York Human Rights Law prohibits discrimination on the basis of age, creed, color, national origin, sex, disability or marital status of any individual. The law allows certain age or sex specification if based upon a bona fide occupational qualification or statutory authorization.

Rev. 06/2003