C-14 Forms Completion Guide

The following must be completed for the application to be accepted by the FDNY.

A-20 Form:
- If no SSN, provide a copy of a Visa and place the Visa number in the blank
- Applying for: Type: C-14
- Last Name, First Name, M.I.
- Date of Birth (Month, Day, Year)
- Gender
- Daytime Phone Number
- Mailing address is applicant’s address
- Height and weight must be filled in in feet-inches and pounds
- Email address: Columbia Email
- Experience-Length of Time
- Applicant’s Company name: Columbia University
- Applicant’s Worksite address: Address of the lab
- Signature and date

Employee Affirmation Form:
- First Name
- Last Name
- SSN or Visa – last four digits
- Address and Zip Code: Address of the lab
- Printed name, signature, date at bottom

Employee Statement:
- Date
- First blank (Applicant’s full name)
- Type of Degree (Highest degree earned)
- Major in Degree Earned
- Years of lab experience after degree was earned
- Employed at: Address of the lab
- Signature and printed name

Employer’s Recommendation:
- Date
- First blank (Applicant’s full name)
- Second blank (Applicant’s full name)
- Third and fourth blanks: Years and months of experience after degree earned
- Fifth blank: Name and address of employer: Columbia University and lab address
- Employer Information: Principal Investigator