SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed . . . , or are receiving public assistance." Suffolk County law also grants a fee waiver for other classes of applicants. See below.

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law. A separate Fee Waiver Request Form is required for each application.

Examina	tion Title	<u>Exa</u>	ım No.	Examination Test Date	
Check the	e box(es) below that apply to yo	ou:			
[I am a veteran, or active du resident	uty military, membe	er of the reserves or N	ational Guard <u>and</u> a Suffolk County	
[I am a member in good staresident	anding of a local fire	e district or ambulance	e company <u>and</u> a Suffolk County	
[I am a volunteer member of County resident.	of the Suffolk Coun	ty Emergency Respor	nse Team (CERT) <u>and</u> a Suffolk	
I am cur	rently:				
	Unemployed and primarily	Unemployed and primarily responsible for the support of a household			
	Receiving Supplemental Security Income (SSI) payments				
	Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safe Net Assistance):				
	Certified Job Training Par social service agency	Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency			
	An officer or member of the	An officer or member of the Suffolk County Auxiliary Police			
		ears. Members n	nust submit a letter	plorers program and have been a from their Explorers post advisor	
above. R		ation fee complete	d more than six mont	ed with, the applications indicated hs prior to an examination date will	
		am J. Lindsay Cou P.O. B	ces, Personnel and Ci inty Complex, Bldg. 18 ox 6100 e, NY 11788		
*****	********	*****Affir	mation**********	******	
I have rea	ad the above portion of Sectior fy that I am qualified to receive	n 50.5(b) of the Civ such waiver for th gated and I may b	vil Service Law relatin e reasons indicated a e disqualified from the	ng to the waiver of application fees above. I understand that my claim be listed civil service examination(s)	
Ca	Candidate's First and Last Name (Please Print)		Candidate's Soci	al Security Number	
— Ca	undidate's Signature		——————————————————————————————————————		