



State of New York
Firefighting and Code Enforcement Personnel
Standards and Education Commission

Fire Officer Level I - Application

Lieutenant Level

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER			DATE OF BIRTH				
HOME ADDRESS (STREET, PO BOX)			DAYTIME PHONE							
CITY			STATE	ZIP	NIGHTTIME PHONE					
DATE OF APPLICATION		DATE OF APPOINTMENT		FIRE DEPARTMENT NAME				FIRE DEPARTMENT CODE		

To facilitate your application, please include copies of any certificates for courses taken within the last six months.

NYS Fire Instructor Level I Certification Number _____

Completion date of New York State courses:

1. Fire Behavior and Arson Awareness (03) or Intermediate Firefighter (92) _____
2. Principles of Fire Investigation (37) or Fire Cause & Origin Determination (17) _____
3. Hazardous Materials First Responder Operations (31) _____

Note: For equivalent course material in lieu of New York State courses, adequate documentation of course content, hours and completion must be submitted for review to the State Fire Administrator.

I affirm that I have completed the courses as shown.

SIGNATURE

DATE

To be completed by fire chief, fire commissioner or top ranking municipal official.

I, _____, affirm that this individual has been assigned supervisory responsibilities commensurate with the **Fire Officer Level I (Lieutenant Level)** classification.

RETURN TO:

Standards Unit
 NYS DHSES
 Office of Fire Prevention and Control
 1220 Washington Avenue
 Building 7A, Floor 2
 Albany NY 12226
 (518) 474-6746

SIGNATURE

DATE

RANK OR TITLE

NAME OF FIRE DEPARTMENT OR MUNICIPALITY