



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

Fire Instructor II - Application

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	

Minimum Course Qualifications	Completion Date	Equivalent
NYS Fire Instructor I Certification, AND		
Fire Service Instructor II (1543), OR		
ALL of the following: Educational Methodology (1507) <u>and</u> Training Officer Workshop I (1200) <u>and</u> Training Officer Workshop II (1201)		

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

I affirm that I have completed the courses as shown.

SIGNATURE DATE

Appointment by the chief fire official:

I, _____, hereby appoint _____ as a fire instructor for
PRINT NAME INSTRUCTOR

JURISDICTION

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