



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

**Trench Rescue Technician - 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		

Course Name	Completion Date
Rescue Technician-Basic (01-04-0032) <b>or</b> Rescue Operations (24)	
Basic Trench Collapse Concepts (1614) <b>or</b> Trench Rescue - Awareness (01-04-0061)	
Medium Structural Collapse Operations: Tools (01-04-0057)	
Basic Trench Collapse Operations (1606) <b>or</b> Trench Rescue - Operations (01-04-0042)	
Advanced Trench Collapse (1617) <b>or</b> Trench Rescue - Technician (01-04-0043)	
Current Certifications for the Following Programs: <small>Copies of these certificates must be submitted with this application.</small>	<b>Certificate Date</b>
NYS Dept. Of Health Certified First Responder Program <b>or</b> equivalent	
Cardiopulmonary Resuscitation from one of the following: American Red Cross <b>or</b> American Heart Association <b>or</b> National Safety Council	

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

*Note: For equivalent course material, 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.

**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