



Fire Academy Registration Form

Personal Information

Sponsoring Organization

NAME (Last, First, MI)
TRAINING ID # OR LAST 4 DIGITS OF SOCIAL SECURITY #
HOME ADDRESS (Street, PO Box)
CITY STATE ZIP
CHECK IF NEW ADDRESS MALE FEMALE
DAYTIME PHONE EVENING PHONE
FAX # E-MAIL ADDRESS

FIRE DEPARTMENT ID # COUNTY
SPONSORING ORGANIZATION
STREET ADDRESS, PO BOX
CITY STATE ZIP
FD PHONE# FD E-MAIL or FAX
NAME/TITLE - HEAD OF THE SPONSORING AGENCY
SIGNATURE - HEAD OF THE SPONSORING AGENCY (REQUIRED)
Date

Table with 4 columns: COURSE INFORMATION, COURSE CODE #, COURSE TITLE, DATES:

NOTE: Training Authorization Letter EOSB-1654 is required with all training; The following courses/programs are exempt from the TAL: Courses for OPWDD; Explorer Weekends at the NYS Fire Academy (Explorers are not allowed to attend OFPC training except for the Explorer Weekends); Non-OFPC Programs hosted at the NYS Fire Academy

Course Registration -

NOTE: Payment MUST Accompany Registration

Registration Fee is MANDATORY AND NONREFUNDABLE

- Checkboxes for NYS Resident, Out-of State, Materials Fee, Prerequisite Proof, Training Authorization Letter

Academy Meals & Lodging - payable upon arrival

- Checkboxes for Resident, Commuter, Commuter dinner

Registration, Material, Meals & Lodging Fees:

Registration Fee, Materials Fee, Meals & Lodging Fee, Optional commuter dinner(s), Total enclosed, Balance due upon arrival

Reasonable lodging/dietary request:

Share room with:

Payment Method

Make checks, money orders & vouchers payable to: Academy of Fire Science

- Checkboxes for Check, Money Order, Signed Voucher, Purchase Order

VISA MasterCard Discover Total Charge: \$
Card #
Expiration Date Security Code
Signature

Please review the application to make certain it is complete and the required payment, prerequisite proof, and Training Authorization Letter are enclosed. Incomplete forms will be returned. This form is on the web at www.dhses.ny.gov/ofpc

Academy of Fire Science • 600 College Ave • Montour Falls, NY 14865-9634 | Phone: (607) 535-7136; Fax: (607) 535-4841

NOTE: Due to participant demand, the deadline for all Academy course registrations is 20 days before the course start date. If your registration is not received by this deadline, we cannot guarantee placement in the requested course. Call the Academy for further information.



Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information

Course Name
Course Number Location

Agency Authorization

Agency Name FDID # Date
Print Name of Authorized Rep. Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW INITIAL

Two checkboxes for student authorization and medical clearance.

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC

Student Information

Last Name First Name MI
Address City State
New York Training ID Primary Phone Zip

I, [PRINT NAME OF STUDENT], have read, fully understand and agree with the above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF STUDENT DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of [PRINT NAME OF STUDENT] consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN DATE