NYS Division of Homeland Security and Emergency Services
Office of Fire Prevention and Control

Proposed Fire Training/Certification Examination Schedule

Please Print

Course/Exam No.	Course No. (TIMS PROGRAM) - -	County
Course/Exam Name	Instructor's Name (Trng Only)	INST#

For Office Use Only

CLASSIFICATION TRAINING/EXAM:

- ☐ OFPC
- ☐ SFI
- ☐ A/R SFI
- ☐ MTO/MFI
- ☐ CFI
- ☐ OTHER
- ☐ STATE
- ☐ MUNICIPAL
- ☐ SUPPLEMENTAL
- ☐ EXAM

MATERIAL ORDER:
WORKBOOKS

For Office Use Only

OFPC- TAD FPS -
NAME OF PERSON SUBMITTING REQUEST

TITLE OF PERSON SUBMITTING REQUEST

SIGNATURE DATE
X

Training Schedules **must be received** by the Office of Fire Prevention and Control (OFPC) **at least 21 calendar days prior** to the start of the first class. **Complete all items and report any changes or cancellations immediately.**

DO NOT USE		NO. OF HOURS	LESSON NO.	TIME	DATE ORIGINAL	DATE CHANGE	DO NOT USE	LOCATION/ADDRESS	2ND INSTR	DO NOT USE	3RD INSTR	DO NOT USE	4th INSTR	DO NOT USE
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