NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Fire Instructor I - Application

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER N Y	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
Firefighter I (1S), **OR** Basic Firefighter (91) and Intermediate Firefighter (92), **OR** Firefighting Essentials (02) and Initial Fire Attack (10), **AND**		
Apparatus Operator - Pump (78) or Truck Company Operations (1F) or Pump Operator (08) or Ladder Company Operations (06), **AND**		
Introduction to Fire Officer (45) or Preparing for Command, **AND**		
Fire Service Instructor I (1542), or Educational Methodology (1507), or both Training Officer Workshop I (1200) and 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, _____ (PRINT NAME), hereby appoint _____ (INSTRUCTOR) as a fire instructor for

_____ (JURISDICTION).

SIGNATURE _____ DATE _____

RANK OR TITLE _____

NAME OF FIRE DEPARTMENT OR MUNICIPALITY _____

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

902 (Rev. 6/08)

Additional copies of this application are available on the web at www.dhses.ny.gov/ofpc/training/fire-academy/certifications.cfm