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

Fire Instructor II - 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
NYS Fire Instructor I Certification, **AND**		
Fire Service Instructor II (1543), **OR**		
ALL of the following: Educational Methodology (1507) and 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

1636 (Rev. 7/06)

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