



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

Firefighter Recruit Class I - Application

Firefighter Recruit Class II Certification #
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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	Equivalent*
Ladder Company Operations (06)		
Apparatus Operator - Pump (78) or Pump Operator (08)		
Accident Victim Extrication Training (15)		
Hazardous Materials First Responder Operations (31)		

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

**Note: For equivalent course material in lieu of New York State courses, 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.

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