



Firefighter Recruit Class II - Application

PLEASE PRINT OR TYPE

Form with fields for NAME, STUDENT TRAINING ID NUMBER, DATE OF BIRTH, HOME ADDRESS, DAYTIME PHONE, CITY, STATE, ZIP, NIGHTTIME PHONE, DATE OF APPLICATION, DATE OF APPOINTMENT, FIRE DEPARTMENT NAME, FIRE DEPARTMENT CODE.

Table with 3 columns: Minimum Course Qualifications, Completion Date, Equivalent*. Rows include Local Rules & Regulations and Firefighting Essentials.

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

To be completed by fire chief, fire commissioner or top ranking municipal official.

I _____, do hereby affirm that the applicant has completed the required training in Local Rules and Regulations, Policies and Procedures, and Right to Know information. This program and record of training on this subject are on file at the _____ Fire Department.

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

SIGNATURE

DATE

RANK OR TITLE

NAME OF FIRE DEPARTMENT OR MUNICIPALITY