



Homeland Security
and Emergency Services

Fire Prevention
and Control



2018

Fire Marshals and Inspectors Seminar

October 16 - 19

Academy of Fire Science
Montour Falls, New York



Fire Prevention and Control

Registration Form Fire Academy and Regional Technical Rescue

New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634

(607) 535-7136; Fax: (607) 535-4841

Personal Information

NAME (Last, First, MI) _____

TRAINING IDENTIFICATION NUMBER _____

HOME ADDRESS (Street, PO Box) _____

CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS MALE FEMALE

DAYTIME PHONE _____ EVENING PHONE _____

FAX # _____ E-MAIL ADDRESS _____

Sponsoring Organization

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

_____ Date _____

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: _____

01-10-0006 Fire Marshals and Inspectors Seminar October 16 - 19, 2018

Course Registration -

NOTE: Payment MUST Accompany Registration
Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25 Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)
- Prerequisite Proof (if applicable)
Must accompany registration

Academy Accommodations - payable upon arrival

- Resident – includes Meals & Lodging - \$151
- Commuter – includes breakfast & lunch - \$32
- Commuter dinner - \$9/day (optional)

Registration, Material and Accommodations Fees:

Registration Fee (include w/registration) \$ _____

Materials Fee (if applicable – payable upon arrival) \$ _____

Accommodations Fee (payable upon arrival) \$ _____

Optional commuter dinner(s) \$ _____

Total enclosed: \$ _____

Balance due upon arrival: \$ _____

Reasonable accommodation request:

Share room with: _____

Payment Method

Make checks, money orders & vouchers payable to:
Academy of Fire Science

- Check Money Order
- Signed Voucher Purchase Order
- Bill Meals & Lodging to Student Bill Meals & Lodging to Sponsoring Organization

VISA MasterCard Discover Total Charge: \$ _____

Card #

Expiration Date / Security Code

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed.
This form is on the web at www.dhSES.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY

NOTE: Due to participant demand, the deadline for all Academy course registrations is 20 days before the course start date. If your registration is not received by this deadline, we cannot guarantee placement in the requested course. Call the Academy for further information.



Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information

Course Name
Course Number
Location

Agency Authorization

Agency Name
FDID #
Date
Print Name of Authorized Rep.
Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW INITIAL

Two checkboxes for authorization and SCBA clearance with corresponding initial columns.

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC

Student Information

Last Name, First Name, MI, Address, City, State, New York Training ID, Primary Phone, Zip

I, [PRINT NAME OF STUDENT], have read, fully understand and agree with the above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF STUDENT DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of [PRINT NAME OF STUDENT] consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN DATE