



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

**Confined Space Rescue Technician - Application**

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         |
|---|-------------------------|
| *1. Rescue Technician-Basic (01-04-0032) <b>or</b> Rescue Operations (24)   |                         |
| *2. Confined Space Awareness and Safety (01-04-0014)  |                         |
| *3. Confined Space Rescue (36) <b>or</b> Confined Space Rescue-Tech Level (01-04-0012)  |                         |
| Current Certifications for the Following Programs: <small>Copies of these certificates must be submitted with this application.</small> | <b>Certificate Date</b> |
| NYS Dept. Of Health Certified First Responder Program <b>or</b> equivalent  |                         |
| Cardiopulmonary Resuscitation from one of the following:  |                         |
| American Red Cross <b>or</b> American Heart Association <b>or</b> National Safety Council   |                         |

**\*Note:** Rescue Technician-Basic/Confined Space/Rescue-Technician Level Course (01-04-0034) may be substituted for Courses 1, 2 **and** 3 above.

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

**Note:** For equivalent course material, 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.

**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 \_\_\_\_\_