



National Certification Examination Application

Personal Information

NAME (Last, First, MI)
TRAINING ID #:
AND LAST 4 DIGITS OF SOCIAL SECURITY #:
DATE OF BIRTH
HOME ADDRESS (Street, PO Box)
CITY STATE ZIP
CHECK IF NEW ADDRESS
CHECK IF 16 OR 17 YEARS OF AGE
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 (REQUIRED)
Date

NOTE: The signature of the sponsoring agency authorized representative on this registration form indicates compliance with the information on the Training Authorization Letter (EOSB-1654), including attestation of medical clearance as per OSHA 1910.134 to use a respirator for those courses that require the use of SCBA. 16 or 17 year old students must also submit a Training Authorization Letter signed by a parent or guardian to participate in training at the Fire Academy.

TESTING ACCOMMODATION REQUEST

I am requesting reasonable accomodation for the written test.

In order to apply, complete and submit the following form: www.dhSES.ny.gov/ofpc/documents/forms/accommodations.pdf

EXAM NUMBER (SEE BACK)

Indicate the scheduled examination you would like to participate in:

Check if applying to take retest. Original exam date: (complete exam # field above)

Academy of Fire Science, Montour Falls, NY, Date:
Other Location: , Date:

NOTE: ALL EXAM APPLICATIONS MUST BE RECEIVED 30 DAYS PRIOR TO THE EXAM DATE. FOR INFORMATION AND SCHEDULED EXAMS, CONTACT OFPC STANDARDS UNIT 518-474-6746.

ACADEMY ACCOMMODATIONS

You will be invoiced for your accommodations fees
Resident - includes meals & lodging - \$40/day
Commuter - includes breakfast & lunch - \$8/day
Commuter dinner - \$9/day (optional)

PREREQUISITE REQUIREMENTS

Proof of all required prerequisites MUST accompany this registration form. For required prerequisites, go to www.dhSES.ny.gov/ofpc/training/fire-academy/national-certifications.cfm

PLEASE SUBMIT APPLICATION AND THE REQUIRED PROOF OF PREREQUISITES TO OFPC VIA ONE OF THE FOLLOWING:

EMAIL: ofpc-standards@dhSES.ny.gov
FAX: 518-474-3240

MAIL: OFPC Standards Unit
State Office Campus
1220 Washington Avenue, Bldg 7A, Fl. 2
Albany, NY 12226

Office Use Only

Prerequisite Met Candidate Not Eligible Other:

Exam Numbers

- Firefighter I - 75-5001 *
- Firefighter II - 75-5002 **
- Fire Officer I - 75-5005
- Hazardous Materials First Responder Operations - 75-5111 ***
- Hazardous Materials Technician - 75-5112 ***
- Airport Firefighter - 75-5009 ***
- Fire Service Instructor I - 75-5003
- Fire Service Instructor II - 75-5004
- Fire Officer II - 75-5006
- Fire Officer III - 75-5007
- Fire Investigator I - 75-5050
- Fire and Life Safety Educator I - 75-5040
- Fire Inspector I - 75-5020
- Fire Inspector II - 75-5021

PHOTO ID REQUIRED FOR ADMISSION TO ALL EXAMS

* REQUIRES:

1. LIVE FIRE SUPPRESSION FORM FF I
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1883.pdf>)
2. CURRENT CPR CARD / AND CURRENT OR NONCURRENT FIRST AID CARD
3. BRING PPE/SCBA

** REQUIRES:

1. LIVE FIRE SUPPRESSION FORM FF II
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1884.pdf>)
2. BRING PPE/SCBA

*** REQUIRES:

1. BRING PPE/SCBA

Required Prerequisites

Online, go to:

www.dhSES.ny.gov/ofpc/training/fire-academy/national-certifications.cfm

NOTE: ANY CANDIDATE NOT MEETING PREREQUISITE REQUIREMENT WILL BE DENIED

Testament to Academic Integrity

Academic dishonesty is defined as “an (intentional) act of deception” in one or more of the following areas: Cheating, Fabrication, Assisting and Tampering. Evidence of academic dishonesty within a NYS Office of Fire Prevention and Control (OFPC) testing environment will result in a failure, removal from the testing environment and ineligibility to access any future OFPC examination.

Candidate’s Signature:

Reminders

Did you remember to:

1. Fully complete this form
2. Attach all pre-requisite documentation required for desired certification
3. Provide all appropriate signatures
4. Parental consent for 16 and 17 year olds *EOSB-1654 (Training Authorization Form)*

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED