



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

Fire Officer Level II - Application

Captain Level

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER N Y			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		

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

Fire Officer Level I Certification Number _____

Completion date of college level courses:

1. General Psychology (40 hrs.) _____
2. Report Writing, Written Expression or course of similar content (40 hrs.) _____

Note: Adequate documentation of course content, hours and verification of 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, _____, affirm that this individual has been assigned supervisory responsibilities commensurate with the **Fire Officer Level II (Captain Level)** classification.

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