



Confined Space Rescue Technician - Application

PLEASE PRINT OR TYPE

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

Table with 2 columns: Course Name, Completion Date. Rows include *1. Rescue Technician-Basic, *2. Confined Space Awareness and Safety, *3. Confined Space Rescue, and Current Certifications for the Following Programs.

*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.

Signature and title fields: SIGNATURE, DATE, RANK OR TITLE, NAME OF FIRE DEPARTMENT OR MUNICIPALITY

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