



Firefighter - Application

Firefighter Recruit Class I Certification #

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

Table with 3 columns: Course Name, Completion Date, Equivalent. Rows include: Basic Wildland Fire Suppression (53) or Grass, Brush & Forest Firefighting (11); Rescue Technician-Basic (47) or Rescue Operations (24); Incident Command System (29); Inspection of Existing Structures (2541); Candidate Physical Ability Test.

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

Note: For equivalent course material in lieu of New York State courses, 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