



Fire Instructor I - Application

PLEASE PRINT OR TYPE

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

Table with 3 columns: Minimum Course Qualifications, Completion Date, Equivalent. Rows list various fire service courses and their completion dates.

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

I affirm that I have completed the courses as shown.

SIGNATURE DATE

Appointment by the chief fire official:

I, PRINT NAME, hereby appoint INSTRUCTOR as a fire instructor for

JURISDICTION

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