



Fire Instructor II - Application

PLEASE PRINT OR TYPE

Form with fields for Name, Student Training ID Number, Date of Birth, Home Address, Daytime Phone, City, State, ZIP, Nighttime Phone, Date of Application, Date of Appointment, Fire Department Name, and Fire Department Code.

Table with 3 columns: Minimum Course Qualifications, Completion Date, and Equivalent. Rows include NYS Fire Instructor I Certification, Fire Service Instructor II, and ALL of the following: Educational Methodology and Training Officer Workshops.

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