Incident Safety Officer - Application

Please print or type

<table>
<thead>
<tr>
<th>Name (Last, First, M.I.)</th>
<th>Student Training ID Number</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address (Street, PO Box)</th>
<th>Daytime Phone</th>
</tr>
</thead>
</table>

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.

Completion date of New York State courses:

1. Incident Safety Officer (3143)  


4. Hazardous Materials First Responder Operations (31 or 2531)  

5. Firefighter Assist and Search Team (FAST) (88 or 2588)  

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  

Additional copies of this application are available on the web at www.dhsses.ny.gov/ofpc/training/fire-academy/certifications.cfm