



Fire Officer Level I - Application

Lieutenant Level

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.

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

NYS Fire Instructor Level I Certification Number _____

Completion date of New York State courses:

- 1. Fire Investigation for the Line Officer; OR both Fire Behavior and Arson Awareness AND Principles of Fire Investigation
2. Hazardous Materials First Responder Operations

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.

SIGNATURE DATE

To be completed by fire chief, fire commissioner or top ranking municipal official.

I, _____, affirm that this individual has been assigned supervisory responsibilities commensurate with the Fire Officer Level I (Lieutenant Level) classification.

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