



Firefighter Recruit Class I - Application

Firefighter Recruit Class II 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 Ladder Company Operations (06), Apparatus Operator - Pump (78) or Pump Operator (08), Accident Victim Extrication Training (15), Hazardous Materials First Responder Operations (31).

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.

SIGNATURE DATE

RANK OR TITLE

NAME OF FIRE DEPARTMENT OR MUNICIPALITY

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