Structural Collapse Rescue Technician - Application

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)	STUDENT TRAINING ID NUMBER N Y	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

Course Name	Completion Date
Rescue Technician-Basic (01-04-0032) or Rescue Operations (24)	
Basic Structural Collapse Operations (01-04-0007)	
Medium Level Structural Collapse Concepts (01-04-0040)*	
Medium Structural Collapse Operations: Tools (01-04-0057)	
Medium Structural Collapse Operations: Void Search & Rescue (01-04-0060)	
Medium Structural Collapse Operations: Interior Shoring (01-04-0058)	
Medium Structural Collapse Operations: Exterior Shoring (01-04-0059)	
Concrete Breaching and Breaking (01-04-0011)	
Rescue Heavy Rigging (01-04-0028)	
Current Certifications for the Following Programs: Copies of these certificates must be submitted with this application.	**Certificate Date**
NYS Dept. Of Health Certified First Responder Program or equivalent	
Cardiopulmonary Resuscitation from one of the following: American Red Cross **or** American Heart Association **or** National Safety Council	

*Completion of Medium Construction Relating to Building Failure (1607), Shoring Concepts (1613), and Void Concepts (1616) may be substituted for this course.

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

Note: For equivalent course material, 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 _____

RANK OR TITLE _____

NAME OF FIRE DEPARTMENT OR MUNICIPALITY _____