



Surface Water Rescue Technician - 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, FIRE DEPARTMENT CODE.

Table with 2 columns: Course Name, Completion Date. Rows include course options and certification requirements.

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