



CAREER FIREFIGHTER REGISTRY

This form tracks a career firefighter from initial employment through promotion to retirement.

Section 1 - Registrant Information

| | | | | | | | | | | |
|--|---|--|--|-------|--|-----|--|--|--------|--|
| The full legal name of registrant - <i>last name, first name, middle initial</i> | | | | | Student ID # <i>(Leave blank if ID# has not yet been issued)</i> | | | | | |
| | | | | | N | Y | | | | |
| Last 4 of Social Security Number | | | | | Date of Birth | | | | | |
| Gender | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> GENDER IDENTITY IN YOUR OWN WORDS: | | | | | | | | | |
| Residence Address | | | | | | | | | | |
| City | | | | State | | Zip | | | County | |
| Mailing Address (if different) | | | | | | | | | | |
| City | | | | State | | Zip | | | County | |
| Email Address | | | | | | | | | | |

Section 2 - Agency Information

| | | | | | | | | | | |
|---|--|--|--|-----------------------------|--|-----|--------------------------------------|-----------------------|--------------------------------------|--|
| The full legal name and title of the chief fire service official - <i>last name, first name, middle initial</i> | | | | | | | | | | |
| | | | | | | | | | | |
| Agency Name | | | | | | | | | | |
| Address | | | | | | | | | | |
| City | | | | State | | Zip | | | County | |
| FDID | | | | Type of Department | | | <input type="checkbox"/> Full Career | | <input type="checkbox"/> Combination | |
| Number of Career Members | | | | Number of Volunteer Members | | | | Total Uniformed Staff | | |

Section 3 - Status Change *(to be completed & forwarded to OFPC on each occasion of promotion, demotion, or removal from service)*

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Check One | | | | | | | | | | |
| <input type="checkbox"/> Firefighter Date Appointed _____ | | | | | | | | | | |
| <input type="checkbox"/> Promotion Rank Title _____ Date Appointed _____ | | | | | | | | | | |
| Is this a promotion to a First Line Supervisor position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| <input type="checkbox"/> Retired, Removed, Deceased Date _____ | | | | | | | | | | |

Section 4 - Attestation

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> By checking this box, I hereby certify that I, _____, am the fire official responsible for completing this Career Firefighter Registry form on behalf of the above named agency. I understand the information in this document will be presented to the Division of Homeland Security and Emergency Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand the aboved named agency is responsible for providing the registrant with the requisite training pursuant to §209-w and §209-x of the General Municipal Law when applicable. Date: _____ | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|