



FIRE INVESTIGATOR CERTIFICATION APPLICATION

PLEASE PRINT OR TYPE

Form with fields for Name, Student Training ID Number, Date of Birth, Home Address, Phone Number, City, State, ZIP, Email Address, Date of Application, Department Name, and FDID / Department Code.

Completion date of the following: Fire Investigator (01-01-0043) Date: Instructor:

\*\*\* Copies of diploma or candidate's training record indicating completion MUST accompany this application
\*\*\* In lieu of New York State courses, adequate documentation of course content, duration, completion, and instructor credentials MUST be submitted for review, and deemed acceptable by the State Fire Administrator

I, \_\_\_\_\_, do hereby request Fire Investigator certification according to Part 426.8 of the Minimum Standards for Firefighting Personnel in the State of New York. I certify that I have completed the required course instruction and specified field investigation activity as listed on the attached record. I hereby certify that the above statement and attached documentation are true and accurate to the best of my knowledge.

SIGNATURE DATE

To be completed by the Chief, Commissioner or Head of the Authority Having Jurisdiction.

I, \_\_\_\_\_, do hereby designate the above candidate as having the responsibilities of a Fire Investigator under the employ of this agency/organization.

RETURN ALL MATERIALS TO:
NYS DHSES OFPC Investigation Unit
1220 Washington Avenue
Building 7A, Floor 2
Albany, NY 12226
email: ofpc.arson@dhses.ny.gov
fax: (518) 242-3746

SIGNATURE DATE

RANK OR TITLE

NAME OF DEPARTMENT OR MUNICIPALITY

## INSTRUCTIONS TO THE CANDIDATE

To receive your certification in a timely fashion please ensure that you have completed the following:

- Successfully completed these courses and attached corresponding certificates or proof of completion (ie. training record):
  - Fire Investigator (01-01-0043)
  
- Been endorsed to perform Fire Investigator responsibilities by your agency, as defined in the county's arson control plan
  - Had your Chief, Commissioner or Head of the Authority Having Jurisdiction sign the application acknowledging such
  
- Documented 50 hours of fire investigation activity supervised by a certified fire investigator (NYS Level 1 not acceptable)
  - Incidents are listed on the attached form
  - No more than 5 hours per incident for investigation field activity
  - CFI / Preceptor for each incident must have responsibility for conducting the investigation per that county's arson control plan and must **PRINT** name and contact information on application form for that incident.

*We suggest each JPR subject area be covered at least once in your investigation field activities.*

To avoid delays please direct any questions or concerns to the OFPC Investigation Unit prior to submission of your application.

**(518) 474-6746**

[ofpc.arson@dhses.ny.gov](mailto:ofpc.arson@dhses.ny.gov)

**Document fire investigation activity performed by candidate.** \*\* Activities must be after completion of applicable courses, maximum of 5 hours per incident.

# 1	CASE NAME / NUMBER or INCIDENT ADDRESS	INITIAL RESPONSE AGENCY NAME or FDID	DATE STARTED	HOURS
	ACTIVITY(IES) PERFORMED	NFPA 1033 JPR	CFI / PRECEPTOR <b>PRINT</b> NAME AND CONTACT INFO	
		<input type="checkbox"/> 4.2 Scene Exam <input type="checkbox"/> 4.5: Interview <input type="checkbox"/> 4.3 Documentation <input type="checkbox"/> 4.6: Post Incident Invest. <input type="checkbox"/> 4.4 Evidence Collection <input type="checkbox"/> 4.7: Presentation	I certify that the candidate performed the listed activities related to this incident in the timeframe specified.	
# 2	CASE NAME / NUMBER or INCIDENT ADDRESS	INITIAL RESPONSE AGENCY NAME or FDID	DATE STARTED	HOURS
	ACTIVITY(IES) PERFORMED	NFPA 1033 JPR	CFI / PRECEPTOR <b>PRINT</b> NAME AND CONTACT INFO	
		<input type="checkbox"/> 4.2 Scene Exam <input type="checkbox"/> 4.5: Interview <input type="checkbox"/> 4.3 Documentation <input type="checkbox"/> 4.6: Post Incident Invest. <input type="checkbox"/> 4.4 Evidence Collection <input type="checkbox"/> 4.7: Presentation	I certify that the candidate performed the listed activities related to this incident in the timeframe specified.	
# 3	CASE NAME / NUMBER or INCIDENT ADDRESS	INITIAL RESPONSE AGENCY NAME or FDID	DATE STARTED	HOURS
	ACTIVITY(IES) PERFORMED	NFPA 1033 JPR	CFI / PRECEPTOR <b>PRINT</b> NAME AND CONTACT INFO	
		<input type="checkbox"/> 4.2 Scene Exam <input type="checkbox"/> 4.5: Interview <input type="checkbox"/> 4.3 Documentation <input type="checkbox"/> 4.6: Post Incident Invest. <input type="checkbox"/> 4.4 Evidence Collection <input type="checkbox"/> 4.7: Presentation	I certify that the candidate performed the listed activities related to this incident in the timeframe specified.	

NOTICE - (Penal Law Section 210.45)

IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

**Document fire investigation activity performed by candidate.** \*\* Activities must be after completion of applicable courses, maximum of 5 hours per incident.

# ___	CASE NAME / NUMBER or INCIDENT ADDRESS	INITIAL RESPONSE AGENCY NAME or FDID	DATE STARTED	HOURS
	ACTIVITY(IES) PERFORMED	NFPA 1033 JPR	CFI / PRECEPTOR <b>PRINT</b> NAME AND CONTACT INFO	
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	ACTIVITY(IES) PERFORMED	NFPA 1033 JPR	CFI / PRECEPTOR <b>PRINT</b> NAME AND CONTACT INFO	
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