



Recruit Firefighter Training Program Registration Form

PLEASE PRINT OR TYPE
NAME (LAST, FIRST, MI)
FDID
COUNTY
TRAINING IDENTIFICATION NUMBER
SPONSORING ORGANIZATION
HOME ADDRESS (STREET, PO BOX)
STREET, PO BOX
CITY STATE ZIP
CITY STATE ZIP
CHECK IF NEW ADDRESS
Male X
Female
FD PHONE #
FAX #
E-Mail:
NAME/TITLE - HEAD OF SPONSORING AGENCY
EVENING PHONE: DAYTIME PHONE:
SIGNATURE - HEAD OF SPONSORING AGENCY
Date of Birth:
Career Hiring date:
Part-time
Volunteer
Date:
To receive weekly progress reports, please provide:
Chief's e-mail address:
MTO e-mail address:
Select desired class:
1st Spring Class
2nd Spring Class
1st Fall Class
2nd Fall Class
Select optional training tracks:
EMT
Building Safety Inspector
Rope Rescue Operations/Hazmat Technician
COURSE REGISTRATION
MEALS & LODGING
MATERIALS FEE
\$100.00 NYS RESIDENT
\$200.00 OUT-OF-STATE
\$25.00 Optional Training Tracks
Resident
Commuter
PAYMENT METHOD:
Payable to "Academy of Fire Science"
Check
Master Card
Total Charge
Money Order
Visa
Card #
Signed PO
Expiration Date
Signed Voucher
Signature
Mail or fax to...
Fax: 607-535-4841
NYS Academy of Fire Science
600 College Avenue
Montour Falls, NY 14865-9634
Make additional copies of this form, as needed