



Recruit Firefighter Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 18 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information table with fields: Course Name, Course Number, Location. Agency Authorization table with fields: Agency Name, FDID #, Date, Print Name of Authorized Rep., Authorized Signature.

COMPLETE THE APPROPRIATE SECTION BELOW table with checkboxes for training authorization and medical certification, and an INITIAL column.

If you cannot answer the questions above because you do not know the requirements of NFPA 1582 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC

Student Information table with fields: Last Name, First Name, MI, Address, City, State, New York Training ID, Primary Phone, Zip, E-Mail Address.

I, _____, have read, fully understand and agree with the above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF STUDENT DATE