



National Certification Examination Application

Personal Information

Sponsoring Organization

NAME (Last, First, MI)
TRAINING ID #:
AND LAST 4 DIGITS OF SOCIAL SECURITY #:
DATE OF BIRTH
HOME ADDRESS (Street, PO Box)
CITY STATE ZIP
DAYTIME PHONE EVENING PHONE
FAX # E-MAIL ADDRESS
CHECK IF NEW ADDRESS
GENDER: MALE FEMALE X
CHECK IF 16 OR 17 YRS OF AGE

FIRE DEPARTMENT ID # COUNTY
SPONSORING ORGANIZATION
STREET ADDRESS, PO BOX
CITY STATE ZIP
FD PHONE# FD E-MAIL or FAX
NAME/TITLE - HEAD OF THE SPONSORING AGENCY
SIGNATURE - HEAD OF THE SPONSORING AGENCY (REQUIRED)
Date
NOTE: The signature of the sponsoring agency authorized representative on this registration form indicates compliance with the information on the Training Authorization Letter (EOSB-1654), including attestation of medical clearance as per OSHA 1910.134 to use a respirator for those courses that require the use of SCBA. 16 or 17 year old students must also submit a Training Authorization Letter signed by a parent or guardian to participate in training at the Fire Academy.

TESTING ACCOMMODATION REQUEST

In order to apply, complete and submit the following form:

I am requesting reasonable accomodation for the written test. www.dhSES.ny.gov/system/files/documents/2023/08/accommodations.pdf

EXAM NUMBER (SEE BACK)

Indicate the scheduled examination you would like to participate in:

Exam number field with dashes

Academy of Fire Science, Montour Falls, NY, Date:

Check if applying to take retest. Original exam date: (complete exam # field above)

Other Location: Date:

NOTE: ALL EXAM APPLICATIONS MUST BE RECEIVED 30 DAYS PRIOR TO THE EXAM DATE. FOR INFORMATION AND SCHEDULED EXAMS, CONTACT OFPC STANDARDS UNIT 518-474-6746.

ACADEMY ACCOMMODATIONS

You will be invoiced for your accommodations fees

- Resident - includes meals & lodging - \$40/day
Commuter - includes breakfast & lunch - \$8/day
Commuter dinner - \$9/day (optional)

PREREQUISITE REQUIREMENTS

Proof of all required prerequisites MUST accompany this registration form. For required prerequisites, go to www.dhSES.ny.gov/national-certifications

PLEASE SUBMIT APPLICATION AND THE REQUIRED PROOF OF PREREQUISITES TO OFPC VIA ONE OF THE FOLLOWING:

EMAIL: ofpc-standards@dhSES.ny.gov
FAX: 518-474-3240

MAIL: OFPC Standards Unit
State Office Campus
1220 Washington Avenue, Bldg 7A, Fl. 2
Albany, NY 12226

Office Use Only

Prerequisite Met Candidate Not Eligible Other:

## Exam Numbers

- Firefighter I - 75-5001 \*
- Firefighter II - 75-5002 \*\*
- Fire Officer I - 75-5005
- Fire Officer II - 75-5006
- Fire Officer III - 75-5007
- Fire Officer IV - 75-5008
- Hazardous Materials First Responder Operations - 75-5111 \*\*\*
- Hazardous Materials Technician - 75-5112 \*\*\*
- Airport Firefighter - 75-5009 \*\*\*
- Fire & Emergency Service Instructor I - 75-5013
- Fire & Emergency Service Instructor II - 75-5014
- Fire Investigator I - 75-5050
- Fire & Life Safety Educator I - 75-5040
- Fire Inspector I - 75-5020
- Fire Inspector II - 75-5021
- Live Fire Instructor I - 75-5271
- Live Fire Instructor-In-Charge - 75-5272

PHOTO ID REQUIRED FOR ADMISSION TO ALL EXAMS

**\* REQUIRES:**

1. LIVE FIRE SUPPRESSION FORM FF I  
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1883.pdf>)
2. CURRENT CPR CARD / AND CURRENT OR NONCURRENT FIRST AID CARD
3. BRING PPE/SCBA

**\*\* REQUIRES:**

1. LIVE FIRE SUPPRESSION FORM FF II  
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1884.pdf>)
2. BRING PPE/SCBA

**\*\*\* REQUIRES:**

1. BRING PPE/SCBA

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## Required Prerequisites

Find online at:

[www.dhSES.ny.gov/national-certifications](http://www.dhSES.ny.gov/national-certifications)

NOTE: ANY CANDIDATE NOT MEETING PREREQUISITE REQUIREMENT WILL BE DENIED

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## Testament to Academic Integrity

Academic dishonesty is defined as “an (intentional) act of deception” in one or more of the following areas: Cheating, Fabrication, Assisting and Tampering. Evidence of academic dishonesty within a NYS Office of Fire Prevention and Control (OFPC) testing environment will result in a failure, removal from the testing environment and ineligibility to access any future OFPC examination.

**Candidate’s Signature:**

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## Reminders

Did you remember to:

1. Fully complete this form
2. Attach all pre-requisite documentation required for desired certification
3. Provide all appropriate signatures
4. Parental consent for 16 and 17 year olds *EOSB-1654 (Training Authorization Form)*

**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**