FIRE DEPARTMENT ENDORSEMENT FORM

			Fire Department/Company, r firefighter(s) listed below have completed one or more of the specific fire training											
programs eligible for paym	nent of a	State Fire trai	ning stipend, a	dministered	or ob	ieteu itaine	d equ	ivaler	e or u	the N	vew ,	York S	rairiirig State	
Office of Fire Prevention a	nd Contr	ol (OFPC).												
By signing below, I,			, am endorsing	to the follow	ving:									
I am currently the Fire Chief/Chief Officer of the						Fire Department/ Company.								
The firefighter(s) listed on the attached sheet have successfully complete August 31, 2023.							e) of	the fo	llowir	ng col	urses	on o	r after	
 2021 BASIC EXTE 2021 SCBA/INTER 2021 BEFO W/HM 2021 BEFO-SCBA FIRE OFFICER I (N FIRE OFFICER I - S BASIC WILDLAND 	IOR FIRE FRO (BLE (IFO-FF1) FPA 1021 SUPERVIS	FIGHTING OF ENDED LEARI (BLENDED LE -2020 ED.) w, SING FIRE OF	PERATIONS-FF NING) (01-05-01 ARNING) (01-05 /FSTFAC (01-11- FICER MODULI	(01-05-0102 03) 5-0104) 0176)	2)	•								
The firefighter(s) have n department or another		ously complet	ed the same or	equivalent ¹	trainir	ng at a	an ea	rlier d	ate ar	nd loc	ation	with	the fire	
The firefighter(s) are no equivalent training being				ensation by	anoth	er Fir	e Dep	oartm	ent fo	r the s	same	or		
The firefighter(s) listed I including annual OSHA the department's rules.	training,	and comply v	rgency calls, at with all fire depa	tend require artment crite	ed de eria fo	partm or activ	ental /e me	traini ember	ng dri ship i	ills and n goo	d exe od sta	rcise: ndinç	s, g per	
I confirm that the Reporting System (NFIRS) the Fire Demographics for	or the Na													
Print Name:			Title/F	Rank:							_			
Signature:			Date:											
_											_			
Please submit this form an Student Completions	-	a documenta	tion to <u>OFPC-S</u>	<u>tipena@ans</u>	es.ny	<u>.gov</u>								
-		irst name, middle	initial		Stude	ent ID #								
The full legal name of student - last name, first name, middle initial								<u> </u>			Ι	Т		
					N	Υ							Щ	
☐ Students Signed W-9 Form	included	Sponsoring Age	ency of course:											
Select Course(s)			OF	FICIAL USI	E ON	LY								
Eligible Course	Course number		Start Date		End Date			Di	Dates Verified/Initials					
(01-05-0101)														
☐ (01-05-0102)														
(01-05-0103)														
☐ (01-05-0104)														
(01-11-0176)														
□ (01-11-0154)														
(01-05-0007)														
☐ Equivalency: (above reference course number)														