NEW YORK STATE | Homeland Security and Emergency Services
Office of Fire Prevention and Control

(04/2026)

LOCAL FIRE TRAINING ANNUAL REPORT FORM

As the Fire Chief/Chief Officer of the _____ Fire Department/Company, FDID#_____ I submit the volunteer firefighter(s) listed below have completed one or more of the specific fire training programs eligible for payment of a State Fire training stipend, administered or obtained equivalency by the New York State Office of Fire Prevention and Control (OFPC).

By signing below, I am endorsing to the following:

- I am currently the Fire Chief/Chief Officer of the _____ Fire Department/ Company.

The firefighter listed above has successfully completed one (or more) of the indicated courses on or after August 31, 2023, and has been awarded the stipend payment listed above.

I confirm that the _____ Fire Department/Company does participate in the National Fire Incident Reporting System (NFIRS) or the National Emergency Response Information System (NERIS) and have or will submit annually the Fire Department Demographics form.

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Please submit this form and required documentation to OFPC-Stipend@dhses.ny.gov

Office of Fire Prevention and Control (OFPC) Course	**Course #**	**Start Date**	**End Date**	**Stipend** *(Max Amount $500)*
Example: *Apparatus Operator: Pump (01-05-0005)*	***003***	***02/04/2024***	***02/23/2024***	***$100.00***

Student Completions:

The full legal name of student - *last name, first name, middle initial*	**Student ID #**								
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							
	N	Y							