



Training Authorization Letter to Participate in State Fire Training INSTRUCTIONS

To the Office of Fire Prevention and Control:

The student listed below is an active member of the agency indicated below, is at least 16 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 2 rows: Course Name (List course title in this space), Course Number (Instructor will provide), Location (Physical location course is held)

Agency Authorization

Table with 2 rows: Agency Name (Student Agency Name), Print Name of Authorized Rep (Print/Type Authorizing Rep Name), FDID # (Student FDID), Date (MM/DD/YYYY), Authorizing Signature (Authorizing Agency Rep Signature)

COMPLETE THIS SECTION FOR ANY COURSE REQUIRING SCBA USE AND/OR PHYSICAL SKILLS BE COMPLETED

Table with 3 columns: Question, YES (Check Yes or), NO (No to select), Authorized Rep. Initials (AAR Initials)

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC.

Student Information

Table with 6 columns: Last Name, Print/Type Student Last Name, First Name, Print/Type Student First Name, MI, Print MI, Address, Student Mailing Address, City, Student City, State, Student State, New York Training ID, Student NYID, Primary Phone, Zip

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.

STUDENT SIGNATURE DATE

And, if the firefighter is 16 or 17 years old, the following consent must be provided:

I, _____, parent or legal guardian of _____ consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove _____ from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF LEGAL GUARDIAN DATE

PRINTED NAME DATE