Fire Prevention and Control

EOSB - 1654 (4/23)

Training Authorization Letter

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 INF	ORMATION					
		Course Info	ormation			
Course Name						
Course Number			Location			
		Agency Autl	horization			
Agency Name			FDID #	D	ate	
Print Name of Authorized Rep.			Original Signature			
COMPLETE THE APPROPRIATE SECTION BELOW					ORIGINA	L INITIAL
The student listed below is authorized to attend the training indicated						
	ted below has medical clearar BA), in accordance with 29 C.F					
If you cannot answer the questions	above because you do not know the requirements	s of 29 C.F.R Part 19	10 or do not know whether th	ne firefighter listed below is au	thorized to use	SCBA, please contact OFPC
Student Information						
Last Name		First Name			MI	
Address		City			State	
New York Training ID		Primary Phone			Zip	
Email Address						
information. I unders that if an instructor b	NT NAME OF STUDENT stand and acknowledge the im pelieves that my behavior or all ove me from the simulation or	bilities may	f safety during th		and furth	er acknowledge
ORIGINAL SIGNATURE OF STUDENT						DATE
16 or 17-year-old stu	udents must have the section	below com	pleted to partici	pate in state fire	training	
The undersigned pa	rent or legal guardian of			NAME OF STUDENT		
information. I unders to remove the stude	articipation in the training liste stand and acknowledge that so nt from the simulation or courself/herself or another.	afety is impo	nave read, fully ur portant during the	nderstand, and ag training and furth	er author	ze the instructor
	PRINTED NAME OF LEGAL GUARDIAN					
ORIGINAL SIGNATURE OF LEGAL GUARDIAN						DATE