



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

FIRE & EMS TRAINING APPLICATION

Date of Application: _____

Course Title _____

Course Code # _____ Course Start Date: _____

EMS Course ONLY: Current Level of Certification: (circle one) NYS CFR NYS EMT-D
Other _____

PLEASE PRINT

Student Name: _____ Department _____

Email Address _____ @ _____

Cell / Home Phone# _____ NYS Training ID # _____

Date Student Joined Department _____

Applicant Signature: _____

INSTRUCTIONS:

- 1) All applications must be received no earlier than 60 days prior to course start date.
- 2) Applications may be faxed to 845-808-4010; applications will be taken on a first come basis.
- 3) Applications may be mailed to Putnam County Bureau of Emergency Services
112 Old Route 6, Carmel, NY 10512
- 4) Please fill in all blanks.
- 5) Any questions call 845-808-4000 x 41114 for Linda
- 6) All students shall come prepared for the class.
- 7) Please print *clearly*.
- 8) Students shall be required to meet all prerequisites for the course they are applying for.
- 9.) For all courses requiring the use of SCBA an OFPC Training Authorization Letter (Form DOS-1654) must be Provided to the course instructor, on the first night of class.
Forms can be downloaded from: the BES Website or : <http://www.dos.state.ny.us/fire/pdfs/authorization.pdf>

***APPLICATION APPROVAL:** Trainee meets all training prerequisites including Current Medical Requirements and clearance for use of a SCBA, if required, in accordance with 29 CFR part 1910.134. This is validated by the below signature; by the authority having jurisdiction, in compliance with all applicable legal requirements. If SCBA is required for this course the candidate is authorized to use SCBA and participate in all Training evolutions and will submitted an OFPC Training Authorization Letter.

Fire Courses must be signed by a Chief Officer / EMS Courses must be signed by the Captain

_____ TITLE _____
Print name

CHIEF OFFICER SIGNATURE _____

By signing, I validate that candidate has clearance to participate in training evolutions.

NOTE: ALL THE ABOVE IS REQUIRED TO INSURE THAT ALL STUDENTS MEET THE REQUIREMENTS SET FORTH BY THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL TRAINING REGULATIONS.

THIS FORM MAY BE REPRODUCED

112 OLD ROUTE 6 – CARMEL, NEW YORK 10512
Tel. (845) 808-4000 / Fax (845) 808-4010
Emergency Operations Center Tel. (845) 808-4050
Email: admin@pcb.es.org Web Page: pcb.es.org

Date: January 2013

Rev. 2/4/2013