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

Attachment A

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 INFORMATION

Course Information			
Course Name	Rope Rescue Operations Level		
Course Number	01-04-0035 - 123	Location	ECTOC

Agency Authorization					
Agency Name		FDID #		Date	
Print Name of Authorized Rep.		Original Signature			

COMPLETE THE APPROPRIATE SECTION BELOW	ORIGINAL INITIAL
☐ The student listed below is authorized to attend the training indicated	
☐ The student listed below has medical clearance to use Self-Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R. part 1910.134 for courses as required.	

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					
Last Name		First Name		MI	
Address		City		State	
New York Training ID		Primary Phone		Zip	
Email Address					

I, _____ , have read, fully understand and agree with the above
PRINT NAME OF STUDENT
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.

_____ _____
ORIGINAL SIGNATURE OF STUDENT DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of _____
PRINT NAME OF STUDENT
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 the student 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.

_____
PRINTED NAME OF LEGAL GUARDIAN

_____ _____
ORIGINAL SIGNATURE OF LEGAL GUARDIAN DATE