New York State
Department of State
Office of Fire Prevention and Control

Training Authorization Letter

DOS-1654 (10/07)

To the Office of Fire Prevention and Control:

The firefighter listed below is an active member of _____ Fire Department, 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

Fire Chief Authorization					
Fire Department		FDID #		Date	

Fill in YES or NO	YES	NO
The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910. 134.		
The firefighter listed below is authorized to use SCBA and participate in interior /exterior firefighting evolutions.		

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 your County Fire Coordinator or OFPC.

Print Chief's Name		Chief's Signature	

Course Information			
Course Record #		Course Title	

Student Information					
Last Name		First		MI	
Address		City		State	
Home Phone	( )	Work Phone	( )	Zip	

I, _____ (PRINT NAME OF FIREFIGHTER), have read, fully understand and agree with 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.

SIGNATURE OF FIREFIGHTER _____ DATE _____

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

I, _____ (PRINT), parent or legal guardian of _____ (PRINT NAME OF FIREFIGHTER) 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 course and further authorize the instructor to remove _____ (PRINT NAME OF FIREFIGHTER) 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 AUTHORIZED LEGAL GUARDIAN _____ DATE _____

PRINTED NAME _____ RELATIONSHIP TO FIREFIGHTER _____

Please Note: No persons under the age of 16 may attend or participate in any training course delivered by the Office of Fire Prevention and Control.

Additional copies of this form are available at http://www.dos.state.ny.us/fire/pdfs/authorization.pdf