



Erie County Emergency Services Standard Training Course Application

Training & Operations Center – 3359 Broadway – Cheektowaga NY 14227
www.erie.gov/fire – 716/681-7111 – FAX/681-3645 – fire@erie.gov
Public Safety Campus – 45 Elm Street – Buffalo NY 14203

**FAX COMPLETED
APPLICATIONS TO:
716/681-3645**
BY THE PUBLISHED
COURSE DEADLINE

FOR OFFICE USE ONLY:

RECEIVED:	1S-O:	1S-H:	1S-F:
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STUDENT INFORMATION: (PLEASE PRINT ALL INFORMATION)

LAST NAME:	FIRST:	MI:	
SSN LAST 4-DIGITS:	MEMBER SINCE: Month/Year	AGE:	<input type="checkbox"/> I am 18 years old or older
RANK/TITLE:			
HOME ADDRESS:			
CITY:	ST:	ZIP:	
CELL PHONE:	OFFICE PHONE:	HOME PHONE:	
E-MAIL			

Check these boxes only if you DO NOT wish to receive training information: Via E-Mail Via US Mail Via Text Message

INSTRUCTIONS:

- 1) This course application must be COMPLETED for EACH student and signed by the student's supervisor. This is REQUIRED even for members of the host agency. STUDENTS MUST BE PRE-REGISTERED by the course deadline (if a deadline is posted).
- 2) The Student's Supervisor must print their name and sign each student's application and check off ALL of the appropriate authorizations.
- 3) Enter Fire Department FDID# for Fire Courses -OR- enter your EMS Agency Code for EMS courses; and the date the application is submitted.
- 4) Applicants must notify the Training & Operations Center 48-hours prior to the scheduled course start if they WILL NOT be able to attend the course requested. Your agency may be invoiced for your failure to attend courses registered for.

Fax (716/681-3645), mail or hand deliver completed applications to the Training & Operations Center on or before the course registration deadline indicated on the training schedule published at www.erie.gov/fire (if a deadline is posted) [Form#ECFS-1013].

COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)

[Info from the published training schedule]

COURSE#:	COURSE TITLE:	
COURSE HOST LOCATION:		<input type="checkbox"/> CHECK THIS BOX IF YOU ONLY NEED TO MAKE-UP CLASSES

SUPERVISOR AUTHORIZATION: (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

AGENCY NAME:	FIRE & EMS AGENCIES
	FDID# or EMS Agency Code:
DATE SUBMITTED:	CERTIFICATIONS - CHECK AS APPLICABLE I certify that this applicant: <input type="checkbox"/> Has medical clearance to use Self-Contained Breathing Apparatus (SCBA) in accordance with OSHA 1910.134 <input type="checkbox"/> Is authorized/capable of using Self-Contained Breathing Apparatus (SCBA) and participating in live fire training and operations
PRINT SUPERVISOR'S NAME:	
SUPERVISOR'S SIGNATURE: I certify by my signature here that this applicant meets all pre-requisites and is eligible and authorized to attend this course	

Use this form to register for all emergency services courses listed on the Erie County Emergency Services Training Schedule published at www.erie.gov/fire

DATE RECEIVED:
(Office Use Only)