



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 have a change in your information: Address Phone Email

INSTRUCTIONS:

- 1) This course application must be COMPLETED for EACH student.
- 2) This is REQUIRED even for members of the host agency. STUDENTS MUST BE PRE-REGISTERED by the course deadline (if a deadline is posted).
- 3) Check off ALL of the appropriate authorizations.
- 4) Enter Fire Department FDID# for Fire Courses -OR- enter your EMS Agency Code for EMS courses; and the date the application is submitted.
- 5) 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), email to Fire@erie.gov, 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)

AGENCY NAME:		FIRE & EMS AGENCIES	
DATE SUBMITTED:		FDID# or EMS Agency Code:	
PRINT SUPERVISOR'S NAME:		CERTIFICATIONS - CHECK AS APPLICABLE I certify that I: <input type="checkbox"/> Have medical clearance to use Self-Contained Breathing Apparatus (SCBA) in accordance with OSHA 1910.134 <input type="checkbox"/> I am authorized/capable of using Self-Contained Breathing Apparatus (SCBA) and participating in live fire training and operations	
SUPERVISOR'S TITLE: (Bring signed Training Authorization forms to your first class)			

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)