



REGISTRATION FORM

FIRE ACADEMY AND REGIONAL TECHNICAL RESCUE



New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634
(607) 535-7136; Fax: (607) 535-4841

PERSONAL INFORMATION

SPONSORING ORGANIZATION

NAME (Last, First, MI) _____

TRAINING IDENTIFICATION NUMBER _____

HOME ADDRESS (Street, PO Box) _____

CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS MALE FEMALE

DAYTIME PHONE _____ EVENING PHONE _____

FAX # _____ E-MAIL ADDRESS _____

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

_____ Date _____

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: 1st CHOICE _____ 2nd CHOICE _____

REGIONAL COURSE CODE # _____ COURSE TITLE _____ DATES: 1st CHOICE _____ 2nd CHOICE _____

COURSE REGISTRATION - PAYMENT DUE WITH REGISTRATION FORM

Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25 Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)
- Prerequisite Proof (if applicable)
Must accompany registration

ACADEMY ACCOMMODATIONS - PAYABLE UPON ARRIVAL

- Resident – includes Meals & Lodging
- Commuter – includes breakfast & lunch
- Commuter dinner - \$9/day (optional)

REGISTRATION, MATERIAL AND ACCOMMODATIONS FEES:

Registration Fee (include w/registration) \$ _____

Materials Fee (if applicable – payable upon arrival) \$ _____

Accommodations Fee (payable upon arrival) \$ _____

Optional commuter dinner(s) \$ _____

Total enclosed: \$ _____

Balance due upon arrival: \$ _____

Reasonable accommodation request:

Share room with: _____

PAYMENT METHOD

Make checks, money orders & vouchers payable to:
Academy of Fire Science

- Check Money Order
- Signed Voucher Purchase Order
- Bill Student Bill Sponsoring Organization

VISA MasterCard Total Charge: \$ _____

Card #

Expiration Date /

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed.
This form is on the web at www.dhses.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY