



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**

- 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) 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.
- 3) The Student's Supervisor must print their name and sign each student's application and check off the appropriate authorizations.
- 4) Include the course number, the location of the course host and the course title from the published training schedule.
- 5) Identify your agency name and identification number, and the date the application is submitted. Enter Fire Department FDID# for Fire Courses -OR- enter your EMS Agency Code for EMS courses.
- 6) 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].

STUDENT INFORMATION: (PLEASE PRINT ALL INFORMATION)

LAST NAME		FIRST		MI	
RANK/TITLE					
HOME ADDRESS					
CITY		ST		ZIP	
CELL PHONE		OFFICE PHONE		HOME PHONE	PAGER
SSN#:					
E-MAIL:					

Check these boxes only if you DO NOT wish to receive training information: Via E-Mail Via US Mail Via TXT/Cell/Pager

COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)

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	
PRINT SUPERVISOR'S NAME:		I certify that this applicant:	
SUPERVISOR'S SIGNATURE:		<input type="checkbox"/> Has a current OSHA compliant firefighter physical <input type="checkbox"/> Is capable of using Self-Contained Breathing Apparatus <input type="checkbox"/> Is capable of participating in interior/live fire fighting operations	

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

DATE RECEIVED:
(Office Use Only)