



**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
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
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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>