



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



Exterior Firefighter Training Form D

Name: _____
(please print)

SS# or NYS Training ID#: _____

Department: _____ Date form submitted: _____

EMT: YES / NO

The Firefighter named above has completed required training and is eligible to receive a Putnam County Exterior Accountability tag as stated in Section "R" of the Putnam County Mutual Aid Plan

Chief Officer Authorizing Exterior Status _____

(Required for Membership After January 1, 2006)

Training Dates:

Scene Support Operations - Completion Date: _____

For Office Use Only

Date White Tag Issued: _____

Issued By : _____