



# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



## FIRE & EMS TRAINING APPLICATION

Date of Application: \_\_\_\_\_

Course Title \_\_\_\_\_

Course Code # \_\_\_\_\_ Course Start Date: \_\_\_\_\_

**EMS Course ONLY:** Current Level of Certification: (circle one) NYS CFR NYS EMT-D  
Other \_\_\_\_\_

Student Name: \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### INSTRUCTIONS:

- 1) All applications must be received no earlier than 60 days prior to course start date.
- 2) Applications may be faxed to 845-808-4010, applications will be taken on a first come basis.
- 3) Applications may be mailed to Putnam County Bureau of Emergency Services  
112 Old Route 6, Carmel, NY 10512
- 4) Please fill in all blanks.
- 5) Any questions call 845-808-4000
- 6) All students shall come prepared for the class.
- 7) Please print *clearly*.
- 8) Students shall be required to meet all prerequisites for the course they are applying for.

**\*APPLICATION APPROVAL:** Trainee meets all prerequisites including current medical requirements for personnel developed and validated by the authority having jurisdiction, in compliance with applicable legal requirements.

**THIS FORM CAN NOT BE USED FOR ANY COURSES REQUIRING THE USE OF AN SCBA**

*Fire Courses must be signed by a Chief Officer / EMS Courses must be signed by the Captain*

\_\_\_\_\_ TITLE \_\_\_\_\_  
Print name

SIGNATURE \_\_\_\_\_

NOTE: ALL THE ABOVE IS REQUIRED TO INSURE THAT ALL STUDENTS MEET THE REQUIREMENTS SET FORTH BY THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL TRAINING REGULATIONS.

### THIS FORM MAY BE REPRODUCED

112 OLD ROUTE 6 – CARMEL, NEW YORK 10512  
Tel. (845) 808-4000 / Fax (845) 808-4010  
Emergency Operations Center Tel. (845) 808-4050  
Email: [admin@pcbcs.org](mailto:admin@pcbcs.org) Web Page: [pcbcs.org](http://pcbcs.org)  
Revision Date: 3/5/2009