



FIRE DEPARTMENT OF NEW YORK



APPLICATION FOR TRAINING COURSE FORM

ORIGINAL (\$ 2,940)

INSTRUCTIONS- THE COMPLETED APPLICATION, ANY ATTACHMENTS & A CHECK PAYABLE TO THE FIRE DEPARTMENT OF NEW YORK SHALL BE SUBMITTED TO:

New York City Fire Department
 Bureau of Fire Prevention
 9 MetroTech Center, Room 1S-1C
 Brooklyn, NY 11201-3857
 Attn: Director of Licensing

1. NAME OF INSTITUTION

2. MAILING ADDRESS OF INSTITUTION

3. LOCATION OF CLASSES & COURSE SCHEDULE *(Include address, dates and times)*

4. DAY TIME TELEPHONE NUMBER *(Including area code)*

5. FAX NUMBER

EMAIL

_____ @ _____

6. WEB ADDRESS OF INSTITUTION *(if any)*

7. NAME OF PRINCIPAL(S) *(List all principals)*

NAME	TITLE	@ EMAIL ADDRESS
NAME	TITLE	@ EMAIL ADDRESS
NAME	TITLE	@ EMAIL ADDRESS

8. Principal(s) affiliation(s) with any educational institutions, trade groups, labor unions or professional organizations. (*If none, specify none*)

9. List of instructors (*include a resume*) and a list of the course topics for which each instructor is responsible:

<hr/> NAME (<i>print</i>)	<hr/> TOPIC(S)
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<hr/> NAME (<i>print</i>)	<hr/> TOPIC(S)
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<hr/> NAME (<i>print</i>)	<hr/> TOPIC(S)
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<hr/> NAME (<i>print</i>)	<hr/> TOPIC(S)
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9. Provide a detailed outline of the course curriculum. Include a complete description of the teaching methods to be used to present each topic, (e.g., lectures, discussions, hands-on demonstrations, audio-visual materials).

10. Provide a copy of all written material to be distributed to students including typical examinations.

11. Indicate any other licensing authorities for which other training courses offered by the principal(s) have been approved, disapproved or revoked. (*Specify the status*)

12. Explain how your school will document the attendance of each student at every class.

13. Other pertinent information not included on the application that you would like to be considered in the review of your application.

MODIFICATIONS- By signing and submitting this application, I/we agree to provide written notification to the Department of my/our intent to change instructors, course schedule, curriculum or teaching methods and to secure the Fire Department's approval prior to making such modification.

I, _____ being duly sworn, state that I have read the foregoing and that the statements contained herein are true and correct. I fully understand the above affirmations and obligations. I understand that the making of a false statement may be subject me to criminal and civil penalties, pursuant to N.Y.C. Administrative Code Section 15-220.1.

Signature of Principal

Name of Principal

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public