



# Division of Homeland Security and Emergency Services Office of Fire Prevention and Control Training Authorization Letter

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
<b>Fill in YES or NO</b>		<b>YES</b>
The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910. 134.		<b>NO</b>
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
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### 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.dhss.ny.gov/ofpc>

Outreach Training Guide  
Appendix B-12  
Training Authorization Letter Policy

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The Training Authorization Letter is instituted to ensure that the student firefighter, fire chief/department and the state fire instructor know that an individual has the authorization to attend the training course or courses delivered by the New York State Division of Homeland Security and Emergency Services, Office of Fire Prevention and Control and has obtained the necessary medical clearances to participate in strenuous firefighter training activities. In addition, 16 and 17 year old firefighters must obtain approval from a parent or legal guardian prior to attending and participating in any and all training courses delivered by the Office of Fire Prevention and Control. No persons under the age of 16 may attend or participate in any training course delivered by the Office of Fire Prevention and Control.

A letter signed by a chief officer of the student's agency shall be submitted prior to participation in the following training programs delivered by the New York State Department of State, Office of Fire Prevention and Control:

- Firefighter I
- Firefighter II
- Intermediate Firefighter
- Firefighter Survival
- Firefighter Assist and Search (FAST)
- Truck Company Operations
- SCBA Confidence
- Confined Space Rescue
- Passenger Train Rescue
- Hazardous Materials Technician - Basic
- Advanced Hazardous Materials Technician
- Flammable Gas Workshop
- Any new or future training courses requiring the use of Self Contained Breathing Apparatus (SCBA) or Supplied Air Respirators (SAR'S) in accordance with 29CFR1910.134

Procedure:

1. Courses Requiring the Use of Self Contained Breathing Apparatus (SCBA) or Supplied Air Respirators (SAR):

A. The student firefighter shall submit to the state fire instructor a completed Training Authorization Letter signed by a chief officer and the student at registration for the first class session of any course requiring the use of SCBA or SAR (courses listed above).

B. Any student firefighter that does not submit a completed letter will not participate in any evolution or course session requiring the use of SCBA or SARs and will not receive credit for that session.

C. A Training Authorization Letter must be submitted for each course attended.

2. Course Attendance by 16 and 17 Year Old Firefighters:

A. Student firefighters 16 or 17 years of age must complete a Training Authorization Letter. This letter must be signed by a chief officer, the student firefighter and parent or legal guardian and submitted at registration for the first session of any course offered by OFPC.

B. Any 16 or 17 year-old student firefighter that does not submit a signed letter will not participate in the course.

C. A Training Authorization Letter must be submitted for each course attended.