



REGISTRATION FORM

FIRE ACADEMY AND REGIONAL TECHNICAL RESCUE



New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634
(607) 535-7136; Fax: (607) 535-4841

PERSONAL INFORMATION

SPONSORING ORGANIZATION

NAME (Last, first, MI) _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS (Street, PO Box) _____

CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS MALE FEMALE

DAYTIME PHONE _____ EVENING PHONE _____

FAX # _____ E-MAIL ADDRESS _____

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

CAREER FF VOL. FF LINE/CO. OFFICER CHIEF OFFICER

INVESTIGATOR CODE ENFORCEMENT FIRE POLICE

EMS INSTRUCTOR DISPATCHER FIRE PREVENTION

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: 1st CHOICE _____ 2nd CHOICE _____

REGIONAL COURSE CODE # _____ COURSE TITLE _____ DATES: 1st CHOICE _____ 2nd CHOICE _____

COURSE REGISTRATION

Payment must accompany this registration form.
Registration Fee - NONREFUNDABLE

NYS Resident - \$25 Out-of State - \$50

Materials Fee (if applicable)
See course description
May be paid upon arrival

Prerequisite Proof (if applicable)
Must accompany registration

ACADEMY ACCOMMODATIONS

Accommodations fees may be paid on arrival

Yes, Meals & Lodging - \$40/day

No, Meals & Lodging

All Meals - \$17/day

Breakfast Only - \$4/day

Lunch Only - \$4/day

Lodging Only - \$23/day

Share room with: _____

PAYMENT METHOD

Make checks, money orders & vouchers are payable to: VISA MasterCard Total Charge: \$ _____
Academy of Fire Science

Check Voucher

Money Order Other (specify) _____

Card Number: _____

Expiration Date _____ **FAX CREDIT CARD REGISTRATIONS**

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed. This form is on the web at www.dos.state.ny.us/fire/firewww.html

MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY