



Andrew J. Spano  
County Executive

Anthony W. Sutton  
Commissioner

Department of Emergency Services

John E. Jackson  
Deputy Commissioner

Nicholas Gasparre  
Chief of Fire Services

## ***FIRE TRAINING PERMISSION FORM***

This form **MUST** be completed and signed by the Chief of Department or his designee, and presented to the instructor at the first session. Any alterations to this document will render it void and unacceptable. This document allows the firefighter-student to attend the specified course provided the Westchester County Department of Emergency Services Fire Division. This person is authorized to attend the course indicated below. The firefighter-student is a member in good standing of your local department and is medically cleared to participate in this program. The firefighter-student will follow and conform to the training rules, regulations and guidelines as set forth by Westchester County and the State of New York.

FIREFIGHTER – STUDENT NAME: \_\_\_\_\_

FIRE DEPARTMENT: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_ BULLETIN # \_\_\_\_\_

COURSE STARTING DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*If you are making up a missed class:*

Specify session # for course make-up: \_\_\_\_\_

\_\_\_\_\_  
(Chief / Training Officer name – print)

\_\_\_\_\_  
(Chief / Training Officer signature)

\_\_\_\_\_  
(Firefighter-Student name – print)

\_\_\_\_\_  
(Firefighter-Student signature)

***If under age 18 and a sworn member (not an Explorer) complete the following:***

\_\_\_\_\_  
(Legal Guardian name – print)

\_\_\_\_\_  
(Legal Guardian signature)

**This form is NOT valid for the following courses: Ff.-1, Ff.-2, IFFT, Ff. Survival, FAST, Truck Co. Ops., Mask Confidence, Pass. Train Rescue, Haz-Mat Tech / Specialist, Any new or future courses requiring the use of SCBA or SAR's in accordance with 29CFR1910.134**

