



Learning Management System (LMS)

Training Authorization Letter (TAL) options

Orange County Fire Services



Training Authorization Letter (TAL) options

- In order to request a seat in a class, the student will need to upload a completed New York State Training Authorization letter
- This TAL is already required for all NYS Classes, but also serves as proof that the student is authorized by the home department to request a seat in the class



NYS Training Authorization Letter

Digital copy of the NYS TAL is available at:

https://www.dhSES.ny.gov/system/files/documents/2022/04/academy_training_authorization_form_0.pdf

Or Google search: “New York training authorization letter”
And selected the top result



NYS Training Authorization Letter

Option 1 of 3.

Print out the form, fill out as needed, have chief (or authorized representative) sign it.

Take a clear picture of the form with your phone, upload the image to your computer so that you're able to attach it as a file during the request process

Homeland Security and Emergency Services

Fire Prevention and Control

EOSB - 1654 (4/22)

Training Authorization Letter

The student listed below is an active member of the agency indicated below, 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

Course Information			
Course Name			
Course Number	Location		
Agency Authorization			
Agency Name	FDID #	Date	
Print Name of Authorized Rep.	Authorized Signature		
COMPLETE THE APPROPRIATE SECTION BELOW			INITIAL
<input type="checkbox"/> The student listed below is authorized to attend the training indicated			
<input type="checkbox"/> The student listed below has medical clearance to use Self-Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R. part 1910.134 for courses as required.			
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 OFPC			
Student Information			
Last Name	First Name	MI	
Address	City	State	
New York Training ID	Primary Phone	Zip	
Email Address			

I, , have read, fully understand and agree with the 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 STUDENT
DATE

16 or 17-year-old students must have the section below completed to participate in state fire training



NYS Training Authorization Letter

Option 3 of 3.

Complete the form 100% digitally, including signatures and save to your computer so that you're able to attach it as a file during the request process



Homeland Security and Emergency Services

Fire Prevention and Control

EOSB - 1654 (4/22)

Training Authorization Letter

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PLEASE PRINT ALL INFORMATION

Course Information		
Course Name		
Course Number	Location	

Agency Authorization		
Agency Name	FDID #	Date
Print Name of Authorized Rep.	Authorized Signature	

COMPLETE THE APPROPRIATE SECTION BELOW	INITIAL
<input type="checkbox"/> The student listed below is authorized to attend the training indicated	
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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 OFPC

Student Information				
Last Name		First Name	MI	
Address		City	State	
New York Training ID		Primary Phone	Zip	
Email Address				

I, PRINT NAME OF STUDENT, have read, fully understand and agree with the 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 STUDENT

DATE

16 or 17-year-old students must have the section below completed to participate in state fire training



NYS Training Authorization Letter

For those that are having issues, option 1 is probably the easiest so these couple of slides will detail those exact steps out a further.

Print the NYS TAL (link provided in slide 3)

Section 1, fill out the course information (Course Name, Number are found on the flyer that was sent out announcing the class), location is: OCFTC

Fill out the rest of the form as needed (Medical clearance to use SCBA is required for any class using a SCBA).



NYS Training Authorization Letter

Once the form is completed with course, agency, student information, student/authorized signatures (and other sections if applicable), take a clear picture with your phone.

There are multiple ways to get the picture to your desktop, any way will work. One way is to send the picture to your email address (either as a text message or as an attachment on an email), then access that email from the computer you will be using to request enrollment.

Save the picture to your desktop



NYS Training Authorization Letter

Once the file is saved on your desktop you are ready to start the process of requesting a seat in the class in LMS.

Refer to requesting enrollment instructions on how to do that.