



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) _____

TRAINING IDENTIFICATION 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 _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

_____ Date _____

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

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

COURSE REGISTRATION -
NOTE: PAYMENT MUST ACCOMPANY REGISTRATION
Registration Fee is MANDATORY AND NONREFUNDABLE

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

Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)

Prerequisite Proof (if applicable)
Must accompany registration

ACADEMY ACCOMMODATIONS - PAYABLE UPON ARRIVAL

Resident – includes Meals & Lodging

Commuter – includes breakfast & lunch

Commuter dinner - \$9/day (optional)

REGISTRATION, MATERIAL AND ACCOMMODATIONS FEES:

Registration Fee (include w/registration) \$ _____

Materials Fee (if applicable – payable upon arrival) \$ _____

Accommodations Fee (payable upon arrival) \$ _____

Optional commuter dinner(s) \$ _____

Total enclosed: \$ _____

Balance due upon arrival: \$ _____

Reasonable accommodation request: _____

Share room with: _____

PAYMENT METHOD

Make checks, money orders & vouchers payable to:
Academy of Fire Science

Check Money Order

Signed Voucher Purchase Order

Bill Meals & Lodging to Student Bill Meals & Lodging to Sponsoring Organization

VISA MasterCard Total Charge: \$ _____

Card # _____

Expiration Date _____/_____/_____ Security Code _____

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.dhses.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY

NOTE: Due to participant demand, the deadline for all Academy course registrations is 20 days before the course start date. If your registration is not received by this deadline, we cannot guarantee placement in the requested course. Call the Academy for further information.