



St. Lawrence Co. Training Course Application

48 Court Street – Canton NY 13617
(315) 379-2240

**FAX COMPLETED
APPLICATIONS TO:
(315)379-0681
BY THE PUBLISHED
COURSE DEADLINE**

- 1) This course application must be COMPLETED for EACH student and signed by the student's supervisor. This is REQUIRED even for members of the host agency. STUDENTS MUST BE PRE-REGISTERED by the course deadline (if a deadline is posted).
- 2) Applicants must notify the Coordinators Office 48-hours prior to the scheduled course start if they WILL NOT be able to attend the course requested.
- 3) The Student's Supervisor must print their name and sign each student's application and check off the appropriate authorizations.
- 4) Include the course number, the location of the course host and the course title from the published training schedule.
- 5) Identify your agency name and identification number, and the date the application is submitted. Enter Fire Department FDID# for Fire Courses.
- 6) Fax (315/379-0681), mail or hand deliver completed applications to the office on or before the course registration deadline indicated on the training schedule published at www.co.st-lawrence.ny.us (if a deadline is posted).

STUDENT INFORMATION: (PLEASE PRINT ALL INFORMATION)

LAST NAME		FIRST		MI	
RANK/TITLE					
HOME ADDRESS					
CITY		ST		ZIP	
CELL PHONE		OFFICE PHONE		HOME PHONE	Other
NYS ID# :					
E-MAIL:					

Check this box if you wish to receive training information via E-Mail

COURSE INFORMATION: (PLEASE PRINT ALL INFORMATION)

COURSE#:		COURSE TITLE:	
COURSE HOST LOCATION:			<input type="checkbox"/> CHECK THIS BOX IF YOU ONLY NEED TO MAKE-UP CLASSES

SUPERVISOR AUTHORIZATION: (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

AGENCY NAME:		FIRE & EMS AGENCIES
		FDID# or EMS Agency Code:
DATE SUBMITTED:		CERTIFICATIONS - CHECK AS APPLICABLE
PRINT CHIEF'S NAME:		I certify that this applicant:
FIRE CHIEF'S SIGNATURE: I certify by my signature here that this applicant meets all pre-requisites and is eligible and authorized to attend this course		<input type="checkbox"/> Has a current OSHA compliant firefighter physical <input type="checkbox"/> Is capable of using Self-Contained Breathing Apparatus <input type="checkbox"/> Is capable of participating in interior/live fire fighting operations

Use this form to register for all county and state courses listed on the St. Lawrence County Emergency Services Training Schedule.

DATE RECEIVED:
(Office Use Only)