

NYSAFC REGIONAL HANDS-ON TRAINING



ULSTER HOSE COMPANY NO. 5 – FLASHOVER TRAINING April 25-26, 2015

Registration Fee: \$100/per NYSAFC Member • \$125/per Non-Member

*Student must be an Individual NYSAFC Member or student's fire department must be a NYSAFC Department Member for discounted rate. Three-hour program includes Flashover Hands-On Training, which immediately follows a one-hour lecture.

Location: Student **must** complete lecture portion of this program prior to participating in Hands-On Training.

Lecture: Ulster Hose Company No. 5 • 830 Ulster Avenue • Kingston, NY 12401

Hands-On Training: Ulster Hose Company No. 5 • Station 2 • 2333 Route 9W • Lake Katrine, NY 12449

Student Prerequisites: Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must provide a signed "Authorization Letter" from the chief of his/her department (a sample letter will be provided with student's registration confirmation).

PPE Requirements: Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

REGIONAL HANDS-ON TRAINING STUDENT REGISTRATION FORM ULSTER HOSE COMPANY NO. 5 – ULSTER COUNTY APRIL 25-26, 2015

Student's Information *(Use one form per student.)*

Name: _____ Title: _____
Department/Organization: _____ NYSAFC Member #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
Daytime Phone: () _____ Evening Phone: () _____

Training Date & Session *(Select one date/session. Hands-On Training immediately follows a one-hour lecture.)*

- | | |
|--|--|
| <input type="checkbox"/> April 25, 2015 – Session A (8:00 – 11:00 a.m.) | <input type="checkbox"/> April 26, 2015 – Session A (8:00 – 11:00 a.m.) |
| <input type="checkbox"/> April 25, 2015 – Session B (10:00 a.m. – 1:00 p.m.) | <input type="checkbox"/> April 26, 2015 – Session B (10:00 a.m. – 1:00 p.m.) |
| <input type="checkbox"/> April 25, 2015 – Session C (12:00 – 3:00 p.m.) | <input type="checkbox"/> April 26, 2015 – Session C (12:00 – 3:00 p.m.) |

Payment *(Must submit payment with form.)*

NYSAFC Member (\$100) Non-Member (\$125)

Total Amount Due: \$ _____ Method of Payment: Check Voucher AMEX Discover MC Visa
Card #: _____ Expiration Date: _____ / _____ CVN #: _____
Name on Account: _____ Billing Address: _____
City: _____ State: _____ Zip Code: _____

Return form to New York State Association of Fire Chiefs, with payment, by April 20, 2015:
1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Fax: (518) 477-4430 • Phone: (800) 676-FIRE

TO: NYS Association of Fire Chiefs
FROM: Chief _____
(PLEASE PRINT)
RE: Regional Hands-On Training
DATE: _____
(TODAY'S DATE)

Let it be known that I am aware that _____ has signed up for and been accepted to take the *Regional Hands on Training*, held in Ulster County (Ulster Hose Co. No. 5), pending the return of this letter to the NYS Association of Fire Chiefs official registration company, signed and dated, giving my approval for said firefighter to participate in this course.

Please check the appropriate Hands-On Training Session being attended.

⑦ Ulster County/Ulster Hose Co. No. 5 F.D., April 25, 2015

⑦ Ulster County/Ulster Hose Co. No. 5 F.D., April 26, 2015

NYS AFC Regional Hands-on Training
New York State Association of Fire Chiefs
1670 Columbia Turnpike
P.O. Box 328
East Schodack, NY 12063-0328
Fax: 518-477-4430

The aforementioned firefighter meets or exceeds the course prerequisites for the station(s) that he/she has registered to attend. This firefighter is also an active member in good standing with this department and covered by the departments Workers Compensation/VFBL during all times of the training. I understand that this training will contain certain evolutions that simulate and create actual firefighting and **rescue conditions**. Additionally, I attest that said firefighter has been deemed physically fit and capable of performing the functions of an interior firefighter by a medical doctor in the state of New York in accordance with the regulations set forth regarding firefighter health and safety standards in the state of New York. Finally, this firefighter's personal protective equipment that has been assigned either meets or exceeds all OSHA specifications and standards, including SCBA Fit Test. **NOTE:** No participants with facial hair impairing the use of SCBA will be allowed to participate in accordance with 29 C.F.R. Part 1910.134. If you have any questions please feel free to call me at (____)_____-____.

Sincerely,

_____, Chief
(Please sign)

(Date)

Chiefs letter must be returned at least five days prior to lecture. If no letter is received you will not be able to participate in the live fire portion of the program.