



Fire Department Training Records Transcript Request

I, _____, as Fire Chief/Training Officer of the _____ Fire Department
PRINT NAME CIRCLE ONE

request the NYS Office of Fire Prevention and Control to release a transcript of the training records for the members of the Fire Department.

(Please Print)

Fire Department _____

FDID# _____

Address _____

Street

City State Zip

Phone Number (full 10 digit) _____

E-mail _____

Fire Chief _____

Fire Chief Signature _____

(TO RECEIVE TRAINING RECORDS, THIS SIGNATURE IS REQUIRED)

Training Officer _____

Training Officer Signature _____

If you wish to have the training records emailed, you must provide an email address