



# TRAINING ANNOUNCEMENT

30 August 2018

Announcement#: 18-154F

## **Fire Investigator National Certification Exam**

**Thursday – November 8<sup>th</sup> from 19:00 to 22:00 hours – Written Exam**

### **Prerequisites:**

1. **NYS Fire Investigator Level II Certification**  
**Or NYS Fire/Arson Investigation Course (2017 Edition)**
2. High School Diploma or GED (Candidate may use the following in lieu of:  
College Degree, College Transcript)
3. 18 years of age or older
4. NYS Training Authorization Letter – (05/18 version)

**Students MUST complete and submit the National Certification Examination Application in order to sit for the exam. All applications for the Fire Investigator I Exam need to be accompanied by a signed NYS training authorization letter and proof of completion of required fire service training courses and prerequisites listed above.**

**ALL APPLICATIONS ARE DUE NO LATER THAN FRIDAY, OCTOBER 5<sup>TH</sup>.**

**NOTE:** The Exam Application and Training Authorization Letter are attached to this announcement.

**ALL COMPLETE APPLICATIONS MUST BE SUBMITTED WITH PAYMENT OF \$25.00 TO:**  
(See Exam Application for payment information)

**Brian McGowan, Training Technician**  
**Westchester County DES**  
**4 Dana Road**  
**Valhalla, NY 10595**

**Venue:** Westchester County DES Training Center, 4 Dana Rd. – Grasslands Campus, Valhalla, New York. All students are to park in the lot adjacent to the Support Services Building located at 35 Walker Road. (There is a stairway linking the parking lot directly to the training campus.) For questions or concerns regarding weather or course cancellation call (914) 231 – 1615.



# Fire Prevention and Control

## National Certification Examination Application

New York State Office of Fire Prevention and Control  
State Office Campus • Building 7A, 2nd Floor  
1220 Washington Avenue • Albany, NY 12226

(518) 474-6746; Fax: (518) 474-3240; Email: [ofpc-standards@dhses.ny.gov](mailto:ofpc-standards@dhses.ny.gov)

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ NYID Training # \_\_\_\_\_ NY \_\_\_\_\_ SS# \_\_\_\_\_  
Last 4 Digits of SSN  
 Street, PO Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_  MALE  FEMALE

### Fire Department Information

SPONSORING ORGANIZATION \_\_\_\_\_ FIRE DEPT ID \_\_\_\_\_ COUNTY \_\_\_\_\_  
 Street, PO Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 FD PHONE # \_\_\_\_\_ FD FAX # \_\_\_\_\_  
 FD E-MAIL ADDRESS \_\_\_\_\_

**Testing Accommodation Request**

I am requesting the following reasonable accommodation for written testing

\_\_\_\_\_

EXAM NUMBER (SEE BACK)

Indicate the scheduled examination you would like to participate in:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Academy of Fire Science, Montour Falls, NY, Date: \_\_\_\_\_

Check if applying to take retest.

Other Location: \_\_\_\_\_, Date: \_\_\_\_\_

Original exam date: \_\_\_\_\_

(complete exam # field above)

**NOTE: ALL EXAM APPLICATIONS MUST BE RECEIVED 20 DAYS PRIOR TO THE EXAM DATE.** FOR INFORMATION AND SCHEDULED EXAMS, CONTACT OFPC STANDARDS UNIT 518-474-6746.

### EXAM REGISTRATION

Payment must accompany this registration form.

Registration Fee - NONREFUNDABLE

- Written Exam Only - \$25
- Written/Practical Exam - \$50
- Make-up Exam (if applicable) - \$25

**Proof of all required prerequisites MUST accompany this registration form. For required prerequisites, go to**

[www.dhses.ny.gov/ofpc/training/fire-academy/national-certifications.cfm](http://www.dhses.ny.gov/ofpc/training/fire-academy/national-certifications.cfm)

### ACADEMY ACCOMMODATIONS

Accommodations fees may be paid on arrival

- Resident – includes meals & lodging - \$40/day
- Commuter – includes breakfast & lunch - \$8/day
- Commuter dinner - \$9/day (optional)

### PAYMENT METHOD

Make checks, money orders & vouchers payable to:

*Academy of Fire Science*

- Check  Money Order
- Signed Voucher  Signed Purchase Order
- Other (specify) \_\_\_\_\_

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](http://www.dhses.ny.gov/ofpc)

EMAIL, MAIL, OR FAX APPLICATION TO OFPC (ALBANY OFFICE)

### Office Use Only

- Prerequisite Met
- Candidate Not Eligible
- Other:

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## Exam Numbers -

### Written and Practical Exams \$50

- Firefighter I - 75-5001 \*
- Firefighter II - 75-5002 \*\*
- Fire Officer I - 75-5005
- Hazardous Materials First Responder Operations - 75-5111 \*\*\*
- Hazardous Materials Technician - 75-5112 \*\*\*
- Airport Firefighter - 75-5009 + \*\*\*

### Written Exams Only \$25

- Fire Service Instructor I - 75-5003
- Fire Service Instructor II - 75-5004
- Fire Officer II - 75-5006
- Fire Officer III - 75-5007
- Fire Investigator I - 75-5050
- Fire and Life Safety Educator I - 75-5040
- Incident Safety Officer - 75-5011
- Fire Inspector I - 75-5020

PHOTO ID REQUIRED FOR ADMISSION TO ALL EXAMS

#### \* REQUIRES:

1. TRAINING AUTHORIZATION FORM  
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. LIVE FIRE SUPPRESSION FORM FF I  
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1883.pdf>)
3. CURRENT CPR CARD / AND CURRENT OR NONCURRENT FIRST AID CARD
4. BRING PPE/SCBA

#### \*\* REQUIRES:

1. TRAINING AUTHORIZATION FORM  
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. LIVE FIRE SUPPRESSION FORM FF II  
(<http://www.dhSES.ny.gov/ofpc/documents/forms/ofpc1884.pdf>)
3. BRING PPE/SCBA

#### \*\*\* REQUIRES:

1. TRAINING AUTHORIZATION FORM  
(<http://www.dhSES.ny.gov/ofpc/documents/authorization.pdf>)
2. BRING PPE/SCBA

+ CONTACT THE ALBANY OFFICE REGARDING EXAM FEE

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## Required Prerequisites

Online, go to:

[www.dhSES.ny.gov/ofpc/training/fire-academy/national-certifications.cfm](http://www.dhSES.ny.gov/ofpc/training/fire-academy/national-certifications.cfm)

NOTE: ANY CANDIDATE NOT MEETING PREREQUISITE REQUIREMENT WILL BE DENIED

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## Reminders

Did you remember to:

1. Fully complete this form
2. Attach all pre-requisite documentation required for desired certification
3. Provide all appropriate signatures
4. Make payment

**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**

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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 table with fields: Course Name, Course Number, Location

Agency Authorization table with fields: Agency Name, FDID #, Date, Print Name of Authorized Rep., Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW table with checkboxes for training authorization and SCBA clearance, and INITIAL column

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 table with fields: Last Name, First Name, MI, Address, City, State, New York Training ID, Primary Phone, Zip

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

The undersigned parent or legal guardian of \_\_\_\_\_ consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

\_\_\_\_\_  
PRINTED NAME OF LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN DATE