



**State of New York**  
**Firefighting and Code Enforcement Personnel**  
**Standards and Education Commission**

**Rope Rescue Technician - Application**

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER			DATE OF BIRTH			
HOME ADDRESS (STREET, PO BOX)			DAYTIME PHONE ( )						
CITY		STATE	ZIP		NIGHTTIME PHONE ( )				
DATE OF APPLICATION		DATE OF APPOINTMENT		FIRE DEPARTMENT NAME			FIRE DEPARTMENT CODE		

Course Name	Completion Date
Rescue Technician-Basic (01-04-0032)	
Intermediate Rope Rescue (1601) <b>or</b> Rope Rescue - Operations Level (01-04-0035)	
Advanced Rope Rescue I (1604) <b>or</b> Rope Rescue - Technician Level I (01-04-0036)	
Advanced Rope Rescue II (1615) <b>or</b> Rope Rescue - Technician Level II (01-04-0037)	
<b>Current Certifications for the Following Programs:</b>	<b>Certificate Date</b>
<small>Copies of these certificates must be submitted with this application.</small>	
NYS Dept. Of Health Certified First Responder Program <b>or</b> equivalent	
Cardiopulmonary Resuscitation from one of the following: American Red Cross <b>or</b> American Heart Association <b>or</b> National Safety Council	

**To facilitate your application, please include copies of any certificates for courses taken within the last six months.**

*Note: For equivalent course material, adequate documentation of course content, hours and completion must be submitted for review to the State Fire Administrator.*

I affirm that I have completed the courses as shown.

**RETURN TO:**

Standards Unit  
 NYS DHSES  
 Office of Fire Prevention and Control  
 1220 Washington Avenue  
 Building 7A, Floor 2  
 Albany NY 12226  
 (518) 474-6746

SIGNATURE	DATE
RANK OR TITLE	
NAME OF FIRE DEPARTMENT OR MUNICIPALITY	