



FIRE DEPARTMENT ENDORSEMENT FORM

As the Fire Chief/Chief Officer of the _____ Fire Department/Company, FDID# _____ I submit the volunteer firefighter(s) listed below have completed one or more of the specific fire training programs eligible for payment of a State Fire training stipend, administered or obtained equivalency by the New York State Office of Fire Prevention and Control (OFPC).

By signing below, I, _____, am endorsing to the following:

- I am currently the Fire Chief/Chief Officer of the _____ Fire Department/ Company.

The firefighter(s) listed on the attached sheet have successfully completed one (or more) of the following courses on or after August 31, 2023.

- 2021 BASIC EXTERIOR FIREFIGHTING OPERATIONS W/HMFRO (01-05-0101)
 - 2021 SCBA/INTERIOR FIREFIGHTING OPERATIONS-FF1 (01-05-0102)
 - 2021 BEFO W/HMFRO (BLENDED LEARNING) (01-05-0103)
 - 2021 BEFO-SCBA/IFO-FF1 (BLENDED LEARNING) (01-05-0104)
 - FIRE OFFICER I (NFPA 1021-2020 ED.) w/FSTFAC (01-11-0176)
 - FIRE OFFICER I - SUPERVISING FIRE OFFICER MODULE SERIES (01-11-0154)
 - BASIC WILDLAND FIRE SUPPRESSION (01-05-0007)
- The firefighter(s) have not previously completed the same or equivalent training at an earlier date and location with the fire department or another entity.
 - The firefighter(s) are not being paid a stipend or other compensation by another Fire Department for the same or equivalent training being submitted on this form.
 - The firefighter(s) listed below respond to emergency calls, attend required departmental training drills and exercises, including annual OSHA training, and comply with all fire department criteria for active membership in good standing per the department's rules and by-laws.

I confirm that the _____ Fire Department/Company does participate in the National Fire Incident Reporting System (NFIRS) or the National Emergency Response Information System (NERIS) and have or will submit annually the Fire Demographics form.

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Please submit this form and required documentation to OFPC-Stipend@dhses.ny.gov

Student Completions:

The full legal name of student - last name, first name, middle initial	Student ID #
	N Y
<input type="checkbox"/> Students Signed W-9 Form included	Sponsoring Agency of course:

Select Course(s)	OFFICIAL USE ONLY			
Eligible Course	Course number	Start Date	End Date	Dates Verified/Initials
<input type="checkbox"/> (01-05-0101)				
<input type="checkbox"/> (01-05-0102)				
<input type="checkbox"/> (01-05-0103)				
<input type="checkbox"/> (01-05-0104)				
<input type="checkbox"/> (01-11-0176)				
<input type="checkbox"/> (01-11-0154)				
<input type="checkbox"/> (01-05-0007)				
<input type="checkbox"/> Equivalency: (above reference course number)				