



607-753-5064

**Cortland County  
Department of Fire  
and  
Emergency Management**

60 Central Avenue  
Cortland, New York 13045  
Fax: 607-756-8457



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**RELEASE OF ARSON CONVICTION INFORMATION AUTHORIZATION**

Re: Application of: \_\_\_\_\_ DOB/ \_\_\_\_\_  
Name of Applicant SSN/ \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

Having filed an application for membership with the \_\_\_\_\_ Fire Department, I hereby authorize the Cortland County Sheriff's Department (CCSD) to conduct an arson history background check with the Division of Criminal Justice Services (DCJS) pursuant to Executive Law 837-o for the presence of any arson convictions and to furnish a report of the findings to the Cortland County Fire Coordinator and the Chief of the \_\_\_\_\_ Fire Department.

I hereby release every person, official, representative of a firm, corporation, association, organization or institution from all legal responsibility that may arise from the release of requested information.

Date \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
(if applicant is under age 18)

Signature and Title of Witness: \_\_\_\_\_  
(must be a chief officer of above named Fire Department)

Type of Identification Produced by Applicant \_\_\_\_\_  
attach copy to form