



# REGISTRATION FORM

## FIRE ACADEMY AND REGIONAL TECHNICAL RESCUE



New York State Academy of Fire Science  
600 College Ave., Montour Falls, NY 14865-9634  
(607) 535-7136; Fax: (607) 535-4841

### PERSONAL INFORMATION

### SPONSORING ORGANIZATION

NAME (Last, first, MI) \_\_\_\_\_

TRAINING IDENTIFICATION NUMBER \_\_\_\_\_

HOME ADDRESS (Street, PO Box) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECK IF NEW ADDRESS     MALE     FEMALE

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

FIRE DEPARTMENT ID # \_\_\_\_\_ COUNTY \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

STREET ADDRESS, PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FD PHONE# \_\_\_\_\_ FD E-MAIL or FAX \_\_\_\_\_

NAME/TITLE - HEAD OF THE SPONSORING AGENCY \_\_\_\_\_

SIGNATURE - HEAD OF THE SPONSORING AGENCY \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**FIRE ACADEMY**    COURSE CODE # \_\_\_\_\_    COURSE TITLE \_\_\_\_\_    DATES: 1st CHOICE \_\_\_\_\_ 2nd CHOICE \_\_\_\_\_

**REGIONAL**    COURSE CODE # \_\_\_\_\_    COURSE TITLE \_\_\_\_\_    DATES: 1st CHOICE \_\_\_\_\_ 2nd CHOICE \_\_\_\_\_

### COURSE REGISTRATION - PAYMENT DUE WITH REGISTRATION FORM

Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25     Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival  
See course description (may not include required text book)
- Prerequisite Proof (if applicable)  
Must accompany registration

### ACADEMY ACCOMMODATIONS - PAYABLE UPON ARRIVAL

Refer to page 12 or 13 for specific accommodation fee.  
"TBD" fees will be provided in program registration form.

- Resident – includes Meals & Lodging
- Commuter – includes breakfast & lunch
- Commuter dinner - \$9/day (optional)

### REGISTRATION, MATERIAL AND ACCOMMODATIONS FEES:

Registration Fee (include w/registration)                    \$ \_\_\_\_\_

Materials Fee (if applicable – payable upon arrival) \$ \_\_\_\_\_

Accommodations Fee (payable upon arrival)                    \$ \_\_\_\_\_

Optional commuter dinner(s)    \$ \_\_\_\_\_

**Total enclosed:** \$ \_\_\_\_\_

**Balance due upon arrival:** \$ \_\_\_\_\_

Reasonable accommodation request:

Share room with: \_\_\_\_\_

### 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   /

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.dos.state.ny.us/fire](http://www.dos.state.ny.us/fire) • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY