



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

Code Compliance Technician - Application

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER N Y			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			
Code Compliance Technician (9G), <u>or</u>														
Introduction to Code Enforcement Practices I (9A) <u>and</u>														
Introduction to Code Enforcement Practices II (9B) <u>and</u>														
Inspection Procedures for Existing Structures (9C)														

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

I affirm that I have completed the courses as shown.

SIGNATURE DATE

To be completed by fire chief, fire commissioner or top ranking municipal official.

I, _____, do hereby assign this individual to perform the duties of

PRINT NAME

Code Compliance Technician for _____.

JURISDICTION

RETURN TO:
Standards Unit
NYS DHSES
Office of Fire Prevention and Control
1220 Washington Avenue
Building 7A, Floor 2
Albany NY 12242
(518) 474-6746

SIGNATURE DATE

RANK OR TITLE

NAME OF FIRE DEPARTMENT OR MUNICIPALITY