



FIRE DEPARTMENT OF NEW YORK



Application for Coordinator of Fire Safety & Alarm Systems in Homeless Shelters Training Course (F-80)

INSTRUCTIONS: THE COMPLETED APPLICATION AND ANY ATTACHMENTS SHALL BE SUBMITTED TO:

Elsa Araya via e-mail at arayae@fdny.nyc.gov
OR

FDNY
9 MetroTech Center Rm 1S-1A, Brooklyn, NY 11201
Attn. Elsa Araya

1. NAME OF INSTITUTION

2. MAILING ADDRESS OF INSTITUTION

3. LOCATION OF CLASSES & COURSE SCHEDULE
(Include address, dates and times)

4. DAY TIME TELEPHONE NUMBER *(Including area code)*

5. WEB ADDRESS OF INSTITUTION *(if applicable)*

6. NAME OF PRINCIPAL(S) *(List all principals)*

_____	_____	_____@_____
NAME	TITLE	EMAIL ADDRESS

_____	_____	_____@_____
NAME	TITLE	EMAIL ADDRESS

NAME TITLE EMAIL ADDRESS @

7. Principal(s) affiliation(s) with any educational institutions, trade groups, labor unions or professional organizations. *(If none, specify none)*

8. List of instructors *(include a resume)* and a list of the course topics for which each instructor is responsible:

NAME *(print)* TOPIC(S)

NAME *(print)* TOPIC(S)

NAME *(print)* TOPIC(S)

NAME *(print)* TOPIC(S)

9. Provide a complete description of the teaching methods that will be used to present the FDNY prepared material, (e.g., lectures, discussions, hands-on demonstrations, audio-visual materials).

10. Indicate any other licensing authorities for which other training courses offered by the principal(s) have been approved, disapproved or revoked. *(Specify the status)*

11. Explain how your school will document the attendance of each student at every class.

11. Other pertinent information not included on the application that you would like to be considered in the review of your application.

MODIFICATIONS- By signing and submitting this application, I/we agree to provide written notification to the Department of my/our intent to change instructors, course schedule, curriculum or teaching methods and to secure the Fire Department's approval prior to making such modification.

I, _____ being duly sworn, state that I have read the foregoing and that the statements contained herein are true and correct. I fully understand the above affirmations and obligations. I understand that the making of a false statement may be subject me to criminal and civil penalties, pursuant to N.Y.C. Administrative Code Section 15-220.1.

Signature of Principal

Name of Principal

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public