



CONTACT INFORMATION

Current Legal Name		
Last	First	M.I.
Permanent Address (DO NOT use work address)		
Street	Bldg./Apt.	County
City	State	Zip Code
Email Address		
Telephone		
()		

STUDENT & COURSE INFORMATION

Date of Birth (MM / DD / YYYY)	SS# (Last 4)
Course Title	
Have you attended MCC in the past? (circle one)	
YES	NO
Are you currently a matriculated student? (circle one)	
YES	NO
EMPLOYER INFORMATION	
Agency / Department	
Rank / Title	Appointment Date

DEMOGRAPHIC INFORMATION

Gender: _____	
Are you Hispanic / Latino? (select one)	YES NO
If yes, is your background (check one)?	
<input type="checkbox"/> Central American	Mexican
<input type="checkbox"/> Dominican	South American
<input type="checkbox"/> Puerto Rican	Other Hispanic / Latino
What is your race (select one or more)?	
<input type="checkbox"/> American Indian / Alaskan Native	Asian
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian / Pacific Islander	White

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

STUDENT SIGNATURE:	DATE:
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Training Authorization Letter

The student listed below is an active member of the agency indicated below, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information			
Course Name			
Course Number		Location	
Agency Authorization			
Agency Name		FDID #	Date
Print Name of Authorized Rep.		Authorized Signature	

COMPLETE THE APPROPRIATE SECTION BELOW	INITIAL
<input type="checkbox"/> The student listed below is authorized to attend the training indicated	
<input type="checkbox"/> The student listed below has medical clearance to use Self-Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R. part 1910.134 for courses as required.	

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFPC

Student Information			
Last Name		First Name	MI
Address		City	State
Student Email		Primary Phone - -	NY ID

I, _____, have read, fully understand and agree with the above
PRINT NAME OF STUDENT
information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF STUDENT

DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of _____
PRINT NAME OF STUDENT
consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN

DATE

SEE REVERSE SIDE FOR DIRECTIONS.

IMPORTANT: STUDENT MUST COMPLETE ALL SHADED AREAS

- Certificates must be submitted to the college within the first 30 days of the semester.
- Certificates of Residence CANNOT be dated more than 60 days prior to the start of the semester.
- Failure to meet these deadlines will result in double tuition charges.

Student ID#	M00 _____
Semester	_____ Year _____
Email	_____

AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR CERTIFICATE OF RESIDENCE

Pursuant to Sections 6301 & 6305 of the Education Law

STATE OF NEW YORK, COUNTY OF

(HOME COUNTY)

I, _____ do hereby swear (or affirm) that I reside
(Full Name)
at _____, in the (City) (Village) (Town) of _____
(Local Address)
County of _____, State of New York; that I now am and have **for a period of one year** prior to the date of this affidavit (or affirmation) been a **resident of the State of New York**; that I now am, or have been for a period of **six months** prior to the date of this affidavit (or affirmation) a resident of the **County of** _____.

Permanent Address: _____

If less than six months at the above address, list your addresses for the PAST YEAR:

Addresses	Date (From - To)
_____	_____
_____	_____

Citizenship:

United States Citizen ☐

Visa Type _____

Resident Alien # _____

**Please submit a copy of Resident Alien card.*

I further state I plan to enroll in Monroe Community College and that this affidavit (or affirmation) and application is made for the sole purpose of securing from the Chief Fiscal Officer of the County of _____ a certificate of residence pursuant to the requirements of Article 126 of the Education Law.

YOUR SIGNATURE MUST BE NOTARIZED IF YOU LIVE OUTSIDE OF MONROE COUNTY.

Sworn to before me this _____ day

of _____ 20____

(Signature Notary Public or Commissioner of Deeds)

(YOUR SIGNATURE) (DATE)

Submission of this form via my MCC email constitutes my approval

**THIS SPACE FOR USE OF
CHIEF FISCAL OFFICER OF COUNTY**

(SIGNATURE) (DATE)

IMPORTANT: CERTIFICATES OF RESIDENCE CANNOT BE DATED MORE THAN SIXTY (60) DAYS PRIOR TO THE START OF THE SEMESTER, AND MUST BE SUBMITTED TO THE COLLEGE WITHIN THE FIRST THIRTY (30) DAYS OF THE SEMESTER.

Education Law, Section 6305, provides: "The chief fiscal officer of each county, as defined Section 2.00 of the local finance law, shall upon application and submission to him a satisfactory evidence, issued to any person desiring to enroll in a community college as a non-resident student, a certificate of residence showing that said person is a resident of said county. Such person shall upon his registration for each college year, file with the college such a certificate of residence issued not earlier than two months prior thereto, and such certificate of residence shall be valid for a period of one year from the date of issuance." Education Law, Section 6301, paragraph 4, defines: "Resident." A person who has resided in the state for a period of at least one year and in the county, city, town, intermediate school district or school district, as the case may be for a period of at least six months, both immediately preceding the date of such person's registration in a community college, or for the purpose of section sixty-three hundred five of this chapter, his application for a certificate of residence.

In the event that the person qualified as above for state residence, but has not been a resident of two or more counties in the state during the six months immediately preceding his/her application for a certificate of residence pursuant to section sixty-three hundred five of the chapter, the charges to the counties of residence shall be allocated among the several counties proportional to the number of months, or major fraction thereof, of residence in each county.