



Building Standards and Codes

New York State
Department of State
Division of Building Standards and Codes
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Educational Program Application

NAME (Print Legibly) Please check: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	OFFICE PHONE
STUDENT IDENTIFICATION # (Please use training id # if one has been issued to you)	CELL PHONE
TITLE	FAX #
MAILING ADDRESS Please check: Home <input type="checkbox"/> Business <input type="checkbox"/> New Address <input type="checkbox"/>	EMAIL ADDRESS
CITY/STATE/ZIP	

Check all appropriate lines that describe yourself: Municipal Code Enforcement Official (building, fire, housing, plumbing, etc.);
 Member of Fire Service; Municipal Official Other Than a Code Enforcement Official or Member of Fire Service;
 State Agency Personnel; New York State Licensed Design Professional; Private Sector Construction-Related Business;
 Other (Please specify) _____

Jurisdiction(s) where you are currently employed: _____
 You **must** include where you are currently employed. For example, City of . . . , Town of . . . , Village of . . . , County of . . . , State (Name of Agency), Fire Department (Name of Department) or Private (Name of Employer)

State Agency Personnel Only: Have you been appointed as the Code Compliance Manager for your agency? Yes No
 Have you been appointed as a Code Coordinator for your agency? Yes No

BASIC TRAINING PROGRAM REGISTRATION

- 9A16- _____ Location _____
- 9B16- _____ Location _____
- 9C16- _____ Location _____
- 9D16- _____ Location _____
- 9E16- _____ Location _____
- 9F16- _____ Location _____

You may apply for all six courses at one time, if you wish to do so. Registrants that apply for the entire sequence at one location and who are accepted into Course 9A will be guaranteed a reservation into the subsequent courses.

Please note that the required prerequisites must be met before attending each course.