



**NYS Division of Homeland Security and
Emergency Services
Office of Fire Prevention and Control**

Request for Volunteer Firefighter Applicant Criminal History Check
Westchester County Agencies
Arson Convictions Only

OFFPC USE ONLY	Date/Time Stamp
NYSPIN #	

***NOTE: ALL FIELDS IN SECTIONS 1, 2 & 3 MUST BE COMPLETED
PLEASE TYPE OR PRINT NEATLY WITH BLACK INK**

FAX completed form directly to OFFPC Arson Bureau @ (518) 402-3196

Section 1: Fire Department Information

Name:		Date:
Street Address:		
Post Office:	State:	Zip:
Daytime Phone Number:	Fax Number:	

Section 2: Applicant Information

Last Name:	First:	MI:
Street Address:		
Post Office:	State:	Zip:
Nickname:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ___ Ft. ___ In.
Race/Appearance:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
DOB: / /	Age:	Social Security Number:

Section 3: Fire Chief Authorization

PRINT Name of Requesting Officer:	
Signature:	Title:

Search Results:

(To be completed by OFFPC NYSPIN Operator Only)

- No Record of Arson Conviction Found - Proceed with Application Process
- Arson Conviction Found - **APPLICANT MAY NOT JOIN VOLUNTEER FIRE DEPT.**

OFFPC USE ONLY	Date of HINQ Search: / /	Operator Initials:
Comments:		