



# NYSAFC Regional Hands-On Training **FLASHOVER**



**Host: Northern Broome Fire Chiefs Association  
Broome County • September 28-29, 2024**

Chenango Fire Company • Station 2

86 Castle Creek Road • Binghamton, NY 13901

It is said that if you're more than five feet from the doorway, your chance of survival in a flashover is minimal. Working in this program, you'll experience fire development from the incipient stage all the way to flashover. You'll be able to identify the signs of the event before you're part of the flashover. If you've never been in a flashover container, this program – staffed by America's most seasoned instructors with years of experience teaching with a simulator – is a must. The program includes a one-hour classroom lecture, followed by two hours of intense live fire hands-on training evolutions in NYSAFC's mobile flashover simulator.



# NYS AFC Regional Hands-On Training

## **FLASHOVER**

### Student Registration Form

**Host: Northern Broome Fire Chiefs Association**

**When: September 28-29, 2024**

**Where: Chenango Fire Company • Station 2 • 86 Castle Creek Road • Binghamton, NY 13901**

**Registration Fee:** \$125 per NYS AFC Member • \$150 per Non-Member

Student must be a NYS AFC Individual Member or student’s fire department must be a NYS AFC Department Member for discounted rate. Three-hour program includes one-hour lecture, followed by Flashover Hands-On Training.

**Course Prerequisites (or Equivalents):** Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must also provide a signed authorization letter from the chief of his/her department (sample letter will be provided with student registration confirmation). All students must be interior qualified under New York state requirements to participate in live fire training programs.

**PPE Requirements:** Turnout coats and helmets will be provided to avoid heat and smoke damage to students’ department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

### Student Information (Use one form per student.)

Name: \_\_\_\_\_ NYS AFC Member #: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

### Training Date/Session (Select one date/session. Maximum of 12 students per session.)

- |   |   |
|---|---|
| <input type="checkbox"/> September 28: Session A (8:00 – 11:00 a.m.)      | <input type="checkbox"/> September 29: Session A (8:00 – 11:00 a.m.)      |
| <input type="checkbox"/> September 28: Session B (10:00 a.m. – 1:00 p.m.) | <input type="checkbox"/> September 29: Session B (10:00 a.m. – 1:00 p.m.) |
| <input type="checkbox"/> September 28: Session C (12:00 – 3:00 p.m.)      | <input type="checkbox"/> September 29: Session C (12:00 – 3:00 p.m.)      |

### Payment

NYS AFC Individual or Department Member (\$125 per person)     Non-Member (\$150 per person)

Method of Payment:     Check (Made payable to NYS AFC)     Voucher     Credit Card     Cash

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVN #: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Return to New York State Association of Fire Chiefs by September 23, 2024**

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063

Fax: (518) 477-4430 • Phone: (800) 676-FIRE • Email: education@nysfirechiefs.com • www.nysfirechiefs.com