



**NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES**  
**Office of Criminal Justice Operations**  
**Volunteer Firefighter Inquiry Form**

**INSTRUCTIONS:** This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

**A. DATE:**

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

*Shaded boxes are required data elements.*

**B. REQUESTING VOLUNTEER FIRE DEPARTMENT**

**DEPARTMENT NAME:**

**FIRE CHIEF NAME:**

**SIGNATURE:**

**ADDRESS:**

**TELEPHONE NUMBER:**

**FAX NUMBER:**

**1. NAME (LAST, FIRST, MIDDLE)**

**2. ADDRESS (Street, City, Zip Code)**

**3. ALIAS AND/OR MAIDEN NAME**

**4. SEX**

M  F

**5. RACIAL APPEARANCE**

White  Black  Indian  Asian  Unknown  Other

**6. ETHNICITY**

Hispanic  Not Hispanic  Unknown

**7. HEIGHT**  
Ft. In.

**8. DATE OF BIRTH**  
Month Day Year

**9. PLACE OF BIRTH**

**10. SOCIAL SECURITY NO.**

**INVESTIGATING OFFICER:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(PRINT NAME/TITLE)

**INVESTIGATING OFFICER SIGNATURE** \_\_\_\_\_

**RESULTS OF INQUIRY**

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER