

Emergency Services Training
Hazardous Materials Operations
Certification Application

Name: _____ SSN: _____
(Last) (First) (MI)

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Organization Affiliation: _____

Organization Address: _____

City, State, Zip: _____

Test date requested: _____ Location: _____ Initial * Retest

*RETEST FEE: There is a \$50 retest fee for each test taken after the initial tests.

Each applicant is responsible to bring NFPA approved SCBA and approved protective equipment for chemical splash protection for use during manipulative skills testing.

I certify that the applicant has successfully completed an approved course for Hazardous Materials Operations and has satisfactorily demonstrated the knowledge and skills in the required competencies for Hazardous Materials Operations and NFPA.472, 2008 edition, *Standard for Responders to Hazardous Materials/Weapons of Mass Destruction Incidents* Operations Level. I also certify that the applicant meets the medical and physical fitness requirements required by my organization to perform the duties of hazardous materials responder as specified in 29 CFR 1910.134(e)

Signature of Chief or Supervisor: _____ Date: _____

***Retests** (Check this section if the candidate is requesting a retest)

I agree to the department being billed by the local technical college for the retest fees that apply to candidates retesting from my department. (*The organization is responsible to collect the retest fees from the candidates.*)

Signature of Chief or Supervisor: _____ Date: _____

The information contained in this application is correct to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification. I grant Emergency Services Training or its authorized representatives permission to review my department files, college/academic records, and other related training documentation.

Yes No I authorize the release of certification exam results to the Fire Chief or supervisor of my organization.

Signature of Applicant: _____ Date: _____

Testing Accommodation: If you need testing accommodations for written and/or manipulative skills exams, please check the box. You will need to provide a written request with this application specifying the reason(s) for the request. A doctor's, fire chief's, or supervisor's statement attesting to the need for testing accommodation is required.