



Fire Service Technology Hazardous Materials Operations Certification Application



Name: _____ SSN:

(Last) (First) (MI)

Mailing Address: _____ Work Phone: _____

City, State, Zip: _____ Home Phone: _____

E-Mail Address: _____ Cell Phone: _____

Fire Dept. Affiliation: _____ Date of Birth:

Fire Dept. Address: _____

City, State, Zip: _____

Written Test date requested		Location:		<input type="checkbox"/> Initial Test	<input type="checkbox"/> Re-test
Skills Test date requested		Location:		<input type="checkbox"/> Initial Test	<input type="checkbox"/> Re-test

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, 2009 Edition, *Standard for Responders to Hazardous Materials/Weapons of Mass Destruction Incidents* operations level, utilizing Jones & Bartlett *Hazardous Materials Awareness and Operations*, 1st Edition. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform the duties of fire fighter.

Name of Chief: (printed)

Signature of Chief: Date

The information contained in this application is correct to the best of my knowledge. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification. I grant Fire Service Technology or its authorized representative's permission to review my department files, college/academic records, and other related training documentation.

Signature of applicant Date

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

Testing Accommodation: If you need testing accommodations for written and/or manipulative skills exams, please check this box and provide a brief explanation below specifying the reason(s). _____

Mail or fax to:
 Eastern Idaho Technical College
 Fire Service Technology (FST)
 1600 S. 25th E.
 Idaho Falls, ID 83404
 Fax: (208) 523-1815

Any questions? Contact:
 Mariha Berrett, Testing Coordinator
 Fire Service Technology (FST)
 (208) 535 5488 or (800) 662-0261
mariha.berrett@my.eitc.edu