NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Hazardous Materials Advanced Technician - Application

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MI)			STUDENT TRAINING ID NUMBER N Y	DATE OF BIRTH
HOME ADDRESS (STREET, PO BOX)			DAYTIME PHONE ( )	
CITY	STATE	ZIP	NIGHTTIME PHONE ( )	
DATE OF APPLICATION	DATE OF APPOINTMENT	FIRE DEPARTMENT NAME		FIRE DEPARTMENT CODE

To facilitate your application, please include copies of any certificates for courses taken within the last six months.

Hazardous Materials Technician Certification Number _____

Completion date of New York State course:	Date	Instructor Name
Hazardous Materials Advanced Technician (2J) (40 hrs.)	_____	_____

Note: For equivalent course material in lieu of New York State courses, adequate documentation of course content, hours and completion must be submitted for review to the State Fire Administrator.

I affirm that I have completed the courses as shown..

SIGNATURE DATE

To be completed by fire chief, fire commissioner or top ranking municipal official.

I, _____, do hereby designate the above applicant to fulfill the duties associated with the
print
Hazardous Materials Advanced Technician function and affirm that this individual has received training in the use of the Local Emergency Response Plan and Incident Command System.

RETURN TO:
Standards Unit
NYS DHSES
Office of Fire Prevention and Control
1220 Washington Avenue
Building 7A, Floor 2
Albany NY 12226
(518) 474-6746

SIGNATURE DATE

RANK OR TITLE

NAME OF FIRE DEPARTMENT OR MUNICIPALITY

1718 (4/06)

Additional copies of this application are available on the web at www.dhses.ny.gov/ofpc/training/fire-academy/certifications.cfm