# Hazardous Materials Technician - Application

**PLEASE PRINT OR TYPE**

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<tr>
<th>NAME (LAST, FIRST, MI)</th>
<th>STUDENT TRAINING ID NUMBER</th>
<th>DATE OF BIRTH</th>
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<th>DAYTIME PHONE</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>NIGHTTIME PHONE</th>
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<tr>
<th>DATE OF APPLICATION</th>
<th>DATE OF APPOINTMENT</th>
<th>FIRE DEPARTMENT NAME</th>
<th>FIRE DEPARTMENT CODE</th>
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To facilitate your application, please include copies of any certificates for courses taken within the last six months.

**Hazardous Materials First Responder Operations Certification Number _________________**

Completion date of New York State course: Date Instructor Name

   or

2. Hazardous Materials Responder Level II Certification Number _________________

**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 **Hazardous Materials Technician** function and affirm that this individual has received training in the use of the Local Emergency Response Plan and the 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**

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