



Hazardous Materials First Responder Operations - Application

PLEASE PRINT OR TYPE

Form with fields for Name, Student Training ID Number, Date of Birth, Home Address, Daytime Phone, City, State, ZIP, Nighttime Phone, Date of Application, Date of Appointment, Fire Department Name, and Fire Department Code.

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

Table with 3 columns: Completion date of New York State courses, Date, Instructor Name. Lists 3 courses: 1. Hazardous Materials First Responder Operations (31) and 2. Accident Victim Extrication Training (15) or, in lieu of 1 and 2, 3. Hazardous Materials Responder Level I 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 First Responder Operations function, and affirm that this individual has received training on 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