# 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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**HOME ADDRESS (STREET, PO BOX)**

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**DATE OF APPLICATION**

**DATE OF APPOINTMENT**

**FIRE DEPARTMENT NAME**

**FIRE DEPARTMENT CODE**

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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**

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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.

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**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**

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