



Hazardous Materials Advanced Technician - 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.

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 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