



**State of Connecticut
Commission on Fire Prevention and Control**



**HAZARDOUS MATERIALS TECHNICIAN
Certification Examination Application Form**

Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission.

APPLICANT DATA

Last name		First name		Middle Initial
Home Street Address				
Town			State	Zip Code
Telephone Home		Work		
Social Security Number			CFPC Office Use Only:	
Individuals must be certified to the Firefighter I level or have been an active member of a fire department with continuous service on or before July 1, 1977 or meet the respiratory standards of 29 CFR 1910.134 in use of SCBA. . . Verification must be provided.			Proof of training to the Hazardous Materials Operational level must be provided.	

FIRE SERVICE AFFILIATION

Department Name		FDID # (if applicable)
Company/Unit	City/Town	
Check One: Career _____ Volunteer _____ Call _____		
Date entered fire service (if applicable, include both volunteer and career time)		

EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application)	
Written Examination _____ Date _____	(Required for Challenge Examination Only) Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination required with application. Please check type of payment below:

Cash	Check (please indicate check # and date)	Purchase order	In service or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069

HAZARDOUS MATERIALS TECHNICIAN - INDIVIDUAL TRAINING RECORD

Name (Print)		Social Security Number:	
NFPA 472 Chapter 2 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met	
Awareness Level		Note: a valid Haz Mat Awareness certificate may be used to fulfill this objective	
NFPA 472 Chapter 3 Objectives			
Operational Level		Note: a valid Haz Mat Operational certificate may be used to fulfill this objective	
NFPA 472 Chapter 4 Objectives			
4-2 Analyzing the Incident			
4-3 Planning the Response			
4-4 Implementing the Planned Response			
4-5 Evaluation Progress			
4-6 Terminating the Incident			

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 472, Chapters 2, 3, and 4, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Hazardous Materials Technician Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date