



IDAHO FIRE SERVICE TRAINING

Certification Application

HAZARDOUS MATERIALS OPERATIONS

Recommended study materials Hazardous Materials written exam:

- Jones and Bartlett, Hazardous Materials Awareness and Operations, 3rd ed.

LAST NAME		FIRST NAME			MIDDLE INITIAL	
SSN		DATE OF BIRTH		EMAIL		
WORK PHONE		HOME PHONE			CELL PHONE	
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY	
FIRE DEPARTMENT AFFILIATION						
FIRE DEPARTMENT MAILING ADDRESS			CITY	STATE	ZIP	
WRITTEN TEST DATE REQUESTED		LOCATION			INITIAL TEST <input type="checkbox"/>	RETEST <input type="checkbox"/>
SKILLS TEST DATE REQUESTED		LOCATION			INITIAL TEST <input type="checkbox"/>	RETEST <input type="checkbox"/>
<p>I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Hazardous Materials Operations, NFPA 1072, 2017 edition, Standard for Responders to Hazardous materials/Weapons of Mass Destruction Incidents Operations level. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties. I certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties.</p>						
CHIEF OFFICER <i>OR</i> TRAINING OFFICER NAME (PLEASE PRINT)						
CHIEF OFFICER <i>OR</i> TRAINING OFFICER SIGNATURE					DATE	
CHIEF OFFICER <i>OR</i> TRAINING OFFICER PHONE NUMBER:						
CHIEF OFFICER <i>OR</i> TRAINING OFFICERS EMAIL:						
<input type="checkbox"/> Check the box if you need testing accommodations and download and fill out a testing accommodation form . All requests for accommodations are confidential and will not be made available to anyone outside of FST.						
<p>The information contained in this application is correct to the best of my knowledge. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification. I grant Fire Service Training (FST) or its authorized representatives' permission to review my department files, college/academic records, and other related training documentation. By signing this document, I acknowledge the release of my exam results and certifications to my affiliated departments Chief Officer and/or Training Officer.</p>						
APPLICANT'S SIGNATURE					DATE	

Email completed form to fst@cte.idaho.gov OR Fax to 208-429-5559