



Certification Application

HAZARDOUS MATERIALS AWARENESS

Recommended study materials for Hazardous Materials written exams:

- 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 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"/>

I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Hazardous Materials Awareness, NFPA 1072, 2017 Edition, Standard for Responders to Hazardous Materials/Weapons of Mass Destruction Incidents Awareness level.
I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform the duties of a firefighter.

CHIEF'S NAME (PLEASE PRINT)

CHIEF'S SIGNATURE

DATE

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.

APPLICANT'S SIGNATURE

DATE

I authorize the release of certification exam results to the Fire Chief or the designee of my organization.

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.

Fax the completed form to 208-429-5559 or email it to fst@cte.idaho.gov.