# Certification Application

Hazardous Materials Awareness

Recommended study materials Hazardous Materials written exam:

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

|  |  |  |
| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **MIDDLE INITIAL** |
| **AKA’S** | **DATE OF BIRTH** | **EMAIL** |
| **SSN** | **BEST CONTACT PHONE NUMBER** | **WORK PHONE** |
| **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** | **COUNTY** |
| **FIRE DEPARTMENT AFFILIATION** |
| **FIRE DEPARTMENT MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
| **WRITTEN TEST DATE REQUESTED** |  | **LOCATION** | **INITIAL TEST**[ ]  | **RETEST**[ ]  |
| **SKILLS TEST DATE REQUESTED** |  | **LOCATION** | **INITIAL TEST**[ ]  | **RETEST**[ ]  |
| **I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Hazardous Materials Awareness, NFPA 1072, current edition and 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 firefighter duties.**  |
| **CHIEF OFFICER *OR* TRAINING OFICER NAME (PLEASE PRINT)** |  |  |  |  |
|  |  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | **DATE** |  |  |
|  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER PHONE NUMBER:** |  |  |  |
|  |  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICERS EMAIL:**  |  |  |  |  |
|  |  |
| [ ]  Check the box if you need testing accommodations and download and [fill out a testing accommodation form](https://cte.idaho.gov/wp-content/uploads/2021/07/TestingAccommodationForm_070621.pdf). All requests for accommodations are confidential and will not be made available to anyone outside of FST. |  |
| **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.** |
|  |  |  |  |  |  |
| **APPLICANT’S SIGNATURE** |  | **DATE** |  |  |
| **Email completed form to** ***fst@cte.idaho.gov*** **OR Fax to 208-429-5559** |

hazardous materials awareness

skills test flow chart

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

MANIPULATED SKILLS TEST PASSED WITH 100% COMPENTENCY OF CRITICAL FAIL POINTS IDENTIFIED ON THE SKILL SHEET AT AN IDAHO DESIGNATED IFSAC TESTING SITE

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

**sKILL SHEET 1:** Recognition and identification of hazardous materials/WMD incidents

**SKILL SHEET 2:** Initiate protective actions

one skill will be chosen at random by fst

fst will provide the testing site with an erg to use in testing

A copy of all skill sheets can be found on the FST website. [Testing | Idaho Division of Career Technical Education](https://cte.idaho.gov/programs-2/fire-service-training-2/testing/)

 **Pre-Requisites Flow Chart**

HAZMAT AWARENESS

FIRE INSTRUCTOR 1

FIREFIGHTER 2

DRIVER OPERATOR GENERAL

**FIRE OFFICER 1**

**DRIVER OPERATOR PUMPER**

**HAZMAT OPERATIONS**

FIREFIGHTER 1