



New Jersey State Police Hazardous Materials Response Unit CBRNE Technician Application



PRINT CLEARLY ALL REQUESTED INFORMATION

PART 1	Police, EMS, Fire, Health, etc		
NAME _____	TYPE OF AGENCY _____		WORK _____
DEPT. _____			PH # () _____
MAILING ADDRESS _____			HOME PH # () _____
TOWN _____ STATE _____			ZIP CODE _____
FAX # () _____			S.S. # _____
E-Mail _____	E-mail will be used to confirm your attendance, so print neatly		

PART 2	Mark all pre-requisites as required. Submission of this application does not guarantee admission into the course. YOU WILL RECEIVE WRITTEN/E-MAIL CONFIRMATION PRIOR TO START OF CLASS.
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CBRNE Technician Class	Date	
Date of last APR Fit Test. / /	Date of last Medical Clearance / /	
Date of last SCBA Fit Test. / /	Date of attendance at NJSP HMRU HazMat Tech. / /	
Date of last N-95 Fit Test / /		
3 yrs experience as HM Tech Yes or No		

PART 3	The individual named in Part 1 above is requesting to attend a CBRNE Technician training course offered by the NJSP-HAZMAT Response Unit. I as Supervisor/Department Head have verified that at a minimum, the following requirements have been met:
Attendees Initials here	<input type="checkbox"/> Applicant is actively involved with a Hazardous Materials/Emergency Response within the department.
Attendees Initials here	<input type="checkbox"/> Applicant has successfully completed recognized training in the use of self contained breathing apparatus.
Attendees Initials here	<input type="checkbox"/> Applicant is believed to be in good health and physical condition and is able to perform all of the required hands-on activities.
Attendees Initials here	<input type="checkbox"/> Applicant has attended the pre-requisite training courses and has indicated above the dates of attendance for HM Awareness and Operations, and has completed IMS 100 & 200. training programs
Attendees Initials here	<input type="checkbox"/> Applicant will be covered under their Workman's Compensation insurance and/or other department insurance during the length of the program which will assume full liability for any injuries that are training related.
Attendees Initials here	<input type="checkbox"/> All attendees must attend 100% off all classes and workstations- No exceptions. <input type="checkbox"/> All attendees must maintain an average of 80% in all quizzes, final exam and pass practical stations.

Name & Title of Supervisor (print)	Supervisor Signature	Date
NJSP HAZMAT Response Unit Middlesex County Fire Academy 1001 Fire Academy Drive Sayreville, NJ 08872 Fax # (732) 721-4672	Mail or fax applications to NJSP at the address/number to the left For further info. contact the HAZMAT Response Unit at (732) 721-4040 lppdepag@GW.NJSP.ORG	NJSP HMRU Use