



New Jersey State Police Hazardous Materials Response Unit Specialty Training Application



PRINT CLEARLY ALL REQUESTED INFORMATION

PART 1	Police, EMS, Fire, Health, etc		
NAME _____	TYPE OF AGENCY _____		
DEPT. _____	WORK 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	<p style="font-size: small;">Indicate the specific class you wish to attend, include specific dates Mark all pre-requisites as required. Submission of this application does not guarantee admission into the course.</p> <p style="text-align: center;">YOU WILL RECEIVE WRITTEN CONFIRMATION PRIOR TO START OF CLASS.</p>
---------------	--

Class You are applying for:

_____	/ /	_____	/ /
_____	/ /	_____	/ /
_____	/ /	_____	/ /
_____	/ /	_____	/ /

PART 3	<p>The individual named in Part 1 above is requesting to attend a HazMat./Specialty 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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant is actively involved with a Hazardous Materials/Emergency Response within the department. <input type="checkbox"/> Applicant has successfully completed recognized training in the use of self contained breathing apparatus. <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. <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 <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.
---------------	---

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 the NJSP at the address/number to the left For further info. contact the HAZMAT Response Unit at (732) 721-4040 LPPFitzm@GW.NJSP.ORG	