

**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
APPLICATION FOR VALIDATION VERSION OF  
HAZARDOUS MATERIALS TECHNICIAN CERTIFICATION EXAMINATION**

Please type or print legibly.

NAME: LAST FIRST MI DATE OF BIRTH

HOME ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER TELEPHONE # (PLEASE INCLUDE AREA CODE)

FIRE DEPARTMENT (IF EMPLOYED) TELEPHONE # (PLEASE INCLUDE AREA CODE) DATE EMPLOYED

EMAIL ADDRESS

**DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING COURSES IS REQUIRED:**

	<u>COURSE TITLE</u>	<u>TRAINING CENTER</u>	<u>DATES ATTENDED</u>
1.	HAZ. MAT. 1 (40 HOURS)	_____	_____
2.	HAZ. MAT. 2 (40 HOURS)	_____	_____
3.	HAZ. MAT. TECHNICIAN (32 HOURS)	_____	_____
4.	CHEMISTRY (40 HOURS)	_____	_____

**OR THE COMPLETION OF THE FOLLOWING COURSE**

1.	IAFF HAZ. MAT TECHNICAN (160)	_____	_____
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**ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE**

**YES**    **NO**

- \_\_\_\_    \_\_\_\_    HAVE YOU ENCLOSED THE CURRENT **\$30.00** APPLICATION FEE? **[WAIVED]**
- \_\_\_\_    \_\_\_\_    HAVE YOU ENCLOSED DOCUMENTATION OF COMPLETING THE COURSES LISTED ABOVE?  
(CERTIFICATE OR COLLEGE TRANSCRIPT.)
- \_\_\_\_    \_\_\_\_    HAVE YOU ENCLOSED DOCUMENTATION THAT YOU ARE A CERTIFIED FIREFIGHTER I OR II BY  
THE STATE OF FLORIDA? **IF NOT, YOU ARE NOT ELIGIBLE FOR THE VALIDATION VERSION OF  
THIS EXAMINATION.**

**NOTE: YOUR APPLICATION MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE TEST DATE. YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE TEST SITE AND DATE YOU ARE SCHEDULED TO TEST AND MUST BRING YOUR CONFIRMATION NOTICE AND PHOTO I.D. TO THE TEST SITE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO THE  
BUREAU OF FIRE STANDARDS AND TRAINING, 11655 N.W. GAINESVILLE ROAD, OCALA, FL 34482-1486

PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMODATIONS,

