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:

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>TRAINING CENTER</th>
<th>DATES ATTENDED</th>
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</thead>
<tbody>
<tr>
<td>1. HAZ. MAT. 1 (40 HOURS)</td>
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<td>2. HAZ. MAT. 2 (40 HOURS)</td>
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<tr>
<td>3. HAZ. MAT. TECHNICIAN (32 HOURS)</td>
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<td>4. CHEMISTRY (40 HOURS)</td>
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OR THE COMPLETION OF THE FOLLOWING COURSE

1. IAFF HAZ. MAT TECHNICAN (160)

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 ACCOMMODATIONS,
DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
VERIFICATION OF TRAINING BY FIRE CHIEF  
FOR  
HAZARDOUS MATERIALS TECHNICIAN CERTIFICATION EXAMINATION

Please type or print legibly.

<table>
<thead>
<tr>
<th>CANDIDATE NAME:</th>
<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>DATE OF BIRTH</th>
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I _____________________________ (type or print legibly) as the Fire Chief of __________________________________________________________________________ do hereby affirm that the above person has completed the skills and met the training objectives as set forth by the State Emergency Response Commission's Task Book for Hazardous Materials Technician, 2002 edition, and that said completed task book is on file at _______________________________________________________________________________.

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<tr>
<th>SIGNATURE OF FIRE CHIEF</th>
<th>TELEPHONE #(PLEASE INCLUDE AREA CODE)</th>
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Submit with 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

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THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA  
COUNTY OF _____________  
ON __________, ______, _______________ PERSONALLY APPEARED BEFORE ME AND, (APPLICANT’S NAME)

_________________WHO IS PERSONALLY KNOWN TO ME, OR __________WHO HAS PROVIDED __________________AS IDENTIFICATION.

_________________ NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES: _______________  
PLEASE AFFIX SEAL ABOVE FORMS