

**NJSP HAZARDOUS MATERIALS RESPONSE UNIT  
TRAINING REQUEST AND DEPARTMENT AUTHORIZATION FORM**

**PRINT CLEARLY ALL REQUESTED INFORMATION !!!!!!!**

**PART 1**

NAME \_\_\_\_\_ TYPE OF AGENCY \_\_\_\_\_  
Police, EMS, Fire, Health, etc.

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**

Indicate preferred date and course you wish to attend. All applications for TTT must be accompanied by documentation of attendance of the basic course and instructional methodology training. **YOU MUST RECEIVE WRITTEN CONFIRMATION FOR ATTENDANCE IN THIS COURSE!!!!**

HazMat Awareness TTT	_____ / _____ / _____	Confined Space Operations	_____ / _____ / _____
HazMat Operations TTT	_____ / _____ / _____	Confined Space Awareness TTT	_____ / _____ / _____
WMD Awareness TTT	_____ / _____ / _____	WMD Operations TTT	_____ / _____ / _____

(CIRCLE ONE)

**PART 3**

The individual named in Part 1 above is requesting to attend a HazMat 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:

He/She is actively involved with a Hazardous Materials Response within the department.

He/She has successfully completed recognized training in the use of positive pressure self contained breathing apparatus as required for that class.

He/She is believed to be in good health and physical condition and is able to perform all of the required hands-on activities.

He/She has already attended the course as a student, can demonstrate proficiency above the level requested for the TTT and has already taken some type of instructor training (methods of instruction).

He/She 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 and Title of Supervisor (print) Supervisor Signature Date

Mail or fax applications to the NJSP at the address/number to the right

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**NJSP HAZMAT Response Unit  
Middlesex County Fire Academy  
1001 Fire Academy Drive  
Sayreville, NJ 08872  
Fax # (732) 721-4672**

For further info. contact the HAZMAT Response Unit at (732) 721-4040