



New Jersey State Police Hazardous Materials Response Unit Train-the-trainer Application



PRINT CLEARLY ALL REQUESTED INFORMATION

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| 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 | | |

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| PART 2 | Indicate the specific TTT class you wish to attend. (IF KNOWN) All applications for TTT must be accompanied by documentation of attendance of the course and instructional methodology training. (See Qualification Sheet) YOU WILL RECEIVE CONFIRMATION PRIOR TO START OF CLASS. . |
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Class You are applying for: _____ **Date of Course** _____

COMPLETE AND ATTACH THE FOLLOWING DOCUMENTATION AS LISTED BELOW:

| | | |
|-----------------------------------|-----------------------------------|--|
| Date Attended _____ / ____ / ____ | Date Attended _____ / ____ / ____ | |
| Date Attended _____ / ____ / ____ | Date Attended _____ / ____ / ____ | |
| Date Attended _____ / ____ / ____ | Date Attended _____ / ____ / ____ | |
| Date Attended _____ / ____ / ____ | Date Attended _____ / ____ / ____ | |

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|------------------------------------|--|--|
| Instructor Training (Select) _____ | Teaching/Instructional Experience (Include hours annually of instruction provided) _____ | |
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| PART 3 | <p>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:</p> <p>Applicant is actively involved with a Hazardous Materials/Emergency Response within the department.</p> <p>Applicant has attached all requested documents as required for TTT class. Missing documents will result in rejection of application.</p> <p>Applicant is believed to be in good health and physical condition and is able to perform all of the required hands-on activities.</p> <p>Applicant has already attended the course as a student, can demonstrate proficiency above the level requested for the TTT and has already completed an approved (methods of instruction) instructor training program as listed in the Instructor qualification sheet.</p> <p>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.</p> |
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| 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 LPPCASHT@GW.NJSP.ORG | |