



New Jersey State Police

Hazardous Materials Response Unit

HM TECHNICIAN TRAINING APPLICATION



PRINT CLEARLY ALL REQUESTED INFORMATION

Instructions

Please provide the following information for the individual(s) your agency wishes to send to the NJSP HMRU Hazardous Materials Technician (06011) & On Scene Incident Command (06015) courses.

DEPT.	Police, EMS, Fire, Health, etc TYPE OF AGENCY		
Name	Phone	Email	Date
Name	Phone	Email	Date
Name	Phone	Email	Date
Name	Phone	Email	Date
Name	Phone	Email	Date
Name	Phone	Email	Date

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.

Applicants will RECEIVE CONFIRMATION PRIOR TO START OF CLASS and specific instructions for online registration, which must be completed prior to the start date for the specific class. Online registration can be completed as early as possible.

Training Officer Check if you would like to receive all notices pertaining to this class assignments that are sent to applicants.
Email Address _____

Current HMT & OSIC Courses

The individual(s) listed above is requesting to attend a NJSP HMRU HazMat. Technician & On Scene Command training course offered by the NJSP-HAZMAT Response Unit. I as Supervisor/Department Head I am verifying the following requirements have been met. (All items below must be checked. And dated as indicated)

- Applicant is actively involved with a Hazardous Materials/Emergency Response within the department.
- Applicants have successfully completed **an HazMat Awareness, HM Operations, ICS 100, 200, 700 and CBRNE Awareness** training
- Applicants have successfully completed annual recertification training in compliance 29 CFR 1910.120 (HAZWOPER)
- Date of Last Refresher** _____ **Level of Refresher** _____ (Aware, OPS, OSIC)
- Applicant has completed an approved Respiratory Protection program to include an annual mask fit test.
- Date of last fit test** _____ **(within last 12 months)**
- Applicant is in good health and physical condition and is able to perform all of the required hands-on activities.
- Applicant is covered under agency/department 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.

Training Candidate Applicant has successfully completed recognized training in the use of self-contained breathing apparatus (SCBA).: By signing this form, I affirm that I have been medically cleared by my agency to don and doff PPE and respiratory protection in accordance with Occupational Safety and Health Standards 1910 Subpart I, Personal Protective Equipment and 1910.134, 'Respiratory-Protection.
Signed _____ **Dated** _____

Training Candidate Supervisor By signing this form I affirm that the above candidate has been medically cleared by my agency to don and doff PPE and respiratory protection in accordance with department /agency policies as well as the Occupational Safety and Health Standards 1910 Subpart I, Personal Protective Equipment and 1910.134, Respiratory Protection.
Supervisor Signed _____ **Date** _____

Name & Title of Supervisor	Supervisor Signature	Date
NJSP HAZMAT Response Unit 1001 Fire Academy Drive Sayreville, NJ 08872 Fax # (732) 721-4672	Mail ,Email or fax applications to: NJSP HMRU (732) 721-4040 HMRU Office HMRUTRAINING@GW.NJSP.ORG	
Date Received	Class Assignment #	Approved
Disposition	Comments	

3-12-2018

HAND WRITTEN APPLICATION WILL NOT BE ACCEPTED