

**VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT  
APPLICATION FOR CERTIFICATION**

**Hazardous Materials Specialist**

**Personal Data:**

*Please print or type*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last First MI*

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone: \_\_\_\_\_

Department Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

*INDICATE ALL REQUIREMENTS COMPLETED FOR CERTIFICATION*

<i>Task</i>	<i>Date Completed</i>	<i>Location</i>	<i>Indicate Incident / Drill</i>
Hazardous Materials Technician Course			-----
Chemistry of Hazardous Materials Course			-----
Advanced Tactical Control Course			-----
Work as an entry-team member in PPE and performing a tactical control skill.			
Work as a member of the DECON team performing DECON on entry-team members.			
Research a hazardous material and assist in risk analysis and the development of the tactical plan.			

I hereby attest that I have completed the above requirements for Specialist certification:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby attest that the above applicant completed the above requirements for Specialist certification:

Supervisor / Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

***(Members of COV regional response teams MUST have signature of team leader.)***

For Office Use Only

Date Received \_\_\_\_\_

Regional Office: \_\_\_\_\_

THD: \_\_\_\_\_

Certificate: \_\_\_\_\_

Mail: \_\_\_\_\_

Return this completed form to:  
Regional Hazardous Materials Officer or  
Virginia Department of Emergency Management  
Technological Hazards Division  
10501 Trade Court  
Richmond, VA 23236-3713