

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

Hazardous Materials Technician

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

Task	Date Completed	Location	Indicate Incident / Drill
Hazardous Materials Technician Course			-----
Work as a member of the Entry Team			
Don and work in Chemical Protective Equipment			
Be Decontaminated			

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

Signed: _____ Date: _____

I hereby attest that the above applicant completed the above requirements for Technician 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: Virginia Department of Emergency Management Technological Hazards Division 10501 Trade Court Richmond, VA 23236-3713	