HAZARDOUS MATERIALS TRAINING PROGRAM

APPLICATION FOR COURSE ENROLLMENT



| APPLICANT INFORMATIO | N | | | | | | | | | | |
|--|-----------------------------------|---------------|---|--|--|-----------------------|-------------------|---------|--------------|----|--|
| Last Name | | | First | | | | Middle Initial | | | | |
| Identification Number (2-digit m | onth of birth, 2 | -digit day c | of birth, | last 5-digits | s SSN - Ex | . <u>01</u> | <u>10 00140</u>) | | | | |
| Street Address | | | | | | | | Apar | tment/Unit # | | |
| City | | | State | | | | | ZIP | | | |
| Home Phone | | | Work Phone | | | | | | | | |
| Sex | Sex MALE FEMALE | | | E-mail address | | | | | | | |
| State Contract Team Member | State Contract Team Member YES NO | | | State Team | | | | | | | |
| Career Volunteer | | | | Department | | | | | | | |
| COURSE INFORMATION | | | | | | | | | | | |
| Name of Course | | | | | | | | | | | |
| Date of Course | | | | | Course pre-requisites met? Please see announcement for pre-requi | | | uisites | YES | NO | |
| Location of Course | | | | | Supporting documents attached? Please see announcement for pre-requisites | | | | YES | NO | |
| PREVIOUS HAZARDOUS | IATERIALS | TRAININ | G | | | | | | | | |
| Please indicate previous hazardo | ous materials/ra | adiological r | response | e training co | ompleted. | | | | | | |
| HAZMAT Awareness/Operations HAZMAT P | | | Plannin | Planning and Management Radiological Officer | | | | | | | |
| HAZMAT Technician HAZM, | | | Tactical Command and Safety CBRN Awareness | | | | | | | | |
| Chemistry of Hazardous Materials Radiolog | | | ical Emergency Preparedness CBRN Operations | | | | | | | | |
| HAZMAT Advanced Tactical Control Radiolog | | | ical Eme | cal Emergency Response Other: | | | | | | | |
| AUTHORIZING SIGNATURES | | | | | | | | | | | |
| If accepted to the program, I ag accordance to the policies and g guidelines may result in my dism | uidelines estab | lished by m | iy ageno | | | | | | | | |
| Applicant Signature | | | | | | Date | | | | | |
| Members of COV Regional Ha | azardous Mat | erials Tea | ms <u>mu</u> | i <u>st</u> have sig | gnature o | of H | AZMAT Team | Leade | r | | |
| Signature of Team Leader | | | | | | Date | | | | | |
| VDEM Hazardous Materials C | Officer Validat | tion/Revie | ew. | | | | | | | | |
| VDEM HMO Signature | | | | | Date | | | | | | |
| VDEM TRAINING USE ONLY | | | | | | | | | | | |
| Application Date | | | | | | Accepted Not Accepted | | | d | | |
| | | | | | | LW | | 2 | T | M | |
| Other L | | | | | | | · | | | | |

PLEASE READ THE FOLLOWING CAREFULLY. COMPLETE THE INFORMATION AS NEEDED.

General Application Information:

The Virginia Department of Emergency Management (VDEM) policy is to provide courses or programs that will not require a registration fee or other expenses for the student; however, in some cases, this cannot be done. Full or partial reimbursement of expenses for travel mileage, meals, and overnight accommodations directly related to the attendance in a VDEM-sponsored course or program <u>may</u> be available. VDEM will not be responsible for incidental personal expenses or salary reimbursement for attendance in any course or program. Some classes may be arranged with direct-billing of accommodations or meals or both. Reimbursement or direct-billings are provided in accordance with all applicable state and federal regulations.

Consult the training announcement for details or costs related to the course or program for which this application is being submitted. In case of questions, contact the VDEM Technological Hazards Branch or TEED Academic Support at (804) 267-7600.

Supporting Documentation:

The following documentation should be included for the following courses:

| Class applying to attend: | HAZMAT Technician, HAZMAT Planning and Management, Law Enforcement Operations, Radiological Officer, FMT/EAC Screener | Chemistry of Hazardous Materials | HAZMAT Advanced Tactical Control | HAZMAT Tactical Command and Safety | VDEM HAZMAT Instructor Development |
|---------------------------|--|-------------------------------------|---|--|---|
| Documentation necessary: | HAZMAT Operations certificate | HAZMAT Technician certificate | HAZMAT Technician certificate, <u>and</u> Chemistry of Hazardous Materials certificate | HAZMAT Technician certificate | HAZMAT Technician certificate, <u>and</u> letter of recommendation of department chief, <u>and</u> documentation of public safety training delivery experience |

Overnight Accommodations:

If overnight lodging is included, the training announcement will indicate dates for which VDEM will make lodging reservations. In general, for any program beginning before 10:00 am, registrants who must travel more than 25 miles one way to the course location may be permitted to obtain overnight accommodations the night preceding the course or program. Unless otherwise indicated, VDEM will **not** be responsible for lodging the night following the conclusion of any program. VDEM will **not** be responsible for any expenses for any student who elects to stay at an alternate facility without advanced approval from VDEM. Students will be reimbursed for lodging costs in the form of room and tax only.

In the space provided, indicate the days and dates you will require overnight accommodations made in your name at the facility noted in the training announcement for this course or program, if applicable.

All VDEM accommodations are made non-smoking.

VDEM will <u>not</u> be responsible for late arrivals, room cancellations or any expense incurred by the individuals for failure to comply with registration or attendance requirements. <u>THIS INCLUDES FAILURE TO CHECK INTO THE ACCOMMODATIONS ON THE DAY INDICATED IN THE COURSE</u> <u>CONFIRMATION PACKAGE.</u>

| DAYS | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------------|--------|--------|---------|-----------|----------|--------|----------|
| WEEK 1 DATES | | | | | | | |
| WEEK 2 DATES | | | | | | | |

Special Notes or Requests for Disability Arrangements:

Individuals with a disability, as defined in the Americans with Disabilities Act of 1990 (ADA), desiring to attend this session should contact VDEM ten (10) working days prior to the event so as to ensure appropriate accommodations are provided.

Course Confirmations:

Confirmation of acceptance to VDEM Hazardous Materials courses or programs will be mailed as indicated on the course announcement.

<u>Return of Application:</u> Please complete this application by the due date shown on the training announcement to:

Virginia Department of Emergency Management Attn: Academic Support - Response Programs 9711 Farrar Court Richmond, Virginia 23236

<u>Important Telephone Numbers:</u> Virginia Department of Emergency Management main number (804)

(804) 267-7600