



Department of Emergency Services and Public Protection  
COMMISSION ON FIRE PREVENTION AND CONTROL

**HAZARDOUS MATERIALS TECHNICIAN  
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

**NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.**

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

**APPLICANT DATA**

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ( )		Work ( )		Cell ( )
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
<b>Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite</b>				
Individuals must be State of CT certified to the Fire Fighter I level or meet the respiratory standards of 29 CFR 1910.134 in the use of SCBA. Verification must be provided.			Proof of training to the Hazardous Materials Awareness and Operations level must be provided (if taken separately)	
By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			Applicant Signature _____	

**EXAMINATION DATA**

Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. <b>Late applications will not be accepted or processed.</b>	
Written Examination _____ Date _____	Practical Examination _____ Date _____
Examination Location _____	Examination Location _____
\$35.00 application fee required with application. Please check type of payment below:	
Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____ Card Holder's Name: _____ Card Holder's Signature _____ Expiration Date: _____
<b>DO NOT SEND CASH</b>	

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control  
34 Perimeter Road  
Windsor Locks, CT 06096-1069

NAME: \_\_\_\_\_ FFID#: \_\_\_\_\_

**HAZARDOUS MATERIALS TECHNICIAN – NFPA Standard 1072 Compliance**

All objectives of NFPA Standard 1072, 2017 Edition, Chapter 7, "Hazardous Materials Technician", must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application.

**Practical Skills Evaluation Sheets**

Each candidate for Hazardous Materials Technician Certification must be provided with, exposed to, and evaluated on all Hazardous Materials Technician. Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Hazardous Materials Technician Skills Evaluation Sheets.

**I hereby acknowledge receipt of the Hazardous Materials Technician Practical Skills Evaluation Sheets.**

**Candidate Initials:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Compliance Method 1</b> - Successful completion of a Connecticut Fire Academy Hazardous Materials Technician/Weapons of Mass Destruction training program  |
| <input type="checkbox"/> | <b>Compliance Method 2</b> - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Hazardous Materials Technician accredited certification |
| <input type="checkbox"/> | <b>Compliance Method 3</b> – Examination Challenge – Director of Certification approval required  |

**Hazardous Materials Technician - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1072, 2017 Edition, Chapter 7, "Hazardous Materials Technician", must be addressed and evaluated during the approved training program through the use of applicable Practical Skills Evaluation Sheets developed by the Commission on Fire Prevention and Control.

**Application Submittal Attachment Checklist**

The following checklist is provided to assist the applicant to ensure that all required application attachments are provided. Failure to submit one or more of the following may result in an applicant being denied permission to participate in the examination process:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Fire Fighter I Certification NFPA 1001, 2008 edition or newer, <b>or</b> Proof of compliance w/ respiratory Standards of 29 CFR 1910.134 |
| <input type="checkbox"/> | Hazardous Materials Awareness and Operations Certification NFPA 472, 2008 edition or NFPA 1072, 2017 edition or newer                    |

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1072, Chapter 7, 2017 edition. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies, Section 7-323I*. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date