

# HAZARDOUS MATERIALS

## Certification Application Form

### Office of Training and Certification



1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DFS Identification Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Received:	_____
Problem: Returned:	_____
Received:	_____
Approved:	_____
Approved By:	_____

3. Check the appropriate Hazardous Materials Certification level:

*(Note: One, two or all three certification levels may be applied for on one application.)*

<input type="checkbox"/> HM: On-Scene Incident Commander
<input type="checkbox"/> HM: Operational
<input type="checkbox"/> HM: Awareness

Attach a photocopy of course completion certificates or other documents, which verify that you satisfy the certification requirements identified for Hazardous Materials Awareness, Operations or On-Scene Incident Commander. There are no application fees required for this certification series.

#### CERTIFICATION REQUIREMENTS—AWARENESS

- A: Certified as Firefighter I by the Division of Fire Safety; and,
- B: Certificate of Completion of a Hazardous Materials Awareness Course as outlined in 29 CFR 1910.120; or, Completion of a Firefighter I course as approved by the Division in accordance with N.J.A.C. 5:73C-2.3(g).

#### CERTIFICATION REQUIREMENTS—OPERATIONS

- A. Possess a certification for Hazardous Materials Awareness issued by the Division of Fire Safety in accordance with N.J.A.C. 5:73-6.2; and,
- B. Certificate of Completion for Hazardous Materials Operations as outlined in 29 CFR 1910.120.

#### CERTIFICATION REQUIREMENTS—ON-SCENE INCIDENT COMMANDER

- A. Possess a certification for Hazardous Materials Operations issued by the Division of Fire Safety in accordance with N.J.A.C. 5:73-6.2; and,
- B. Completion of training and demonstration of competency requirements for On-Scene Incident Commander as outlined in 29 CFR 1910.120.

4. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HAZARDOUS MATERIALS APPLICATION FORM INSTRUCTIONS

**Note: Please type or print clearly on the application form. Certification will not be issued unless all required Documentation is received and validated.**

## Section

1. Enter your Social Security Number (SSN) (e.g., 123-45-6789) and six digit Division of Fire Safety Identification Number (e.g., 111111). The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.
2. Provide your name, home address, county where you reside and home and work telephone numbers and e-mail address.
3. Please check the appropriate levels of Hazardous Materials Certification you are applying to obtain. Hazardous Materials Certification Criteria by level of credentialing is:

### **HM:Awareness:**

- A. Provide a copy of your Division of Fire Safety Firefighter I Certification.
- B. Provide a copy of your Hazardous Materials Awareness course completion certificate or Division of Fire Safety Firefighter I Course completion certificate.

### **HM:Operations:**

- A. Provide a copy of your Division of Fire Safety Hazardous Materials Awareness Certification.
- B. Provide a copy of your Hazardous Materials Operations course completion certificate.

### **HM:On-Scene Incident Commander:**

- A. Provide a copy of your Division of Fire Safety Hazardous Materials Operations Certification.
- B. Provide documentation that you meet the requirements of 29 CFR 1910.120.

For response to "B" above, documentation should be in the form of a letter from the fire chief stating that you meet the requirements of 29 CFR 1910.120 for On-Scene Incident Commander. Copies of certificates must show completion of a training program for at least 24-hours of training as required by 29 CFR 1910.120. The letter must include statements that you are familiar with the following criteria of 29 CFR 1920.120(q)(6)(v)(A) through (F): Knows and is able to implement the employer's incident command system; Knows how to implement the employer's emergency response plan (SOP's & SOG's); Knows and understands the hazards and risks associated with employees working in chemical protective clothing (selection of appropriate PPE); Knows how to implement the local emergency response plan (ERP); Knows of the state emergency response plan and of the Federal Regional Response Team; and, Knows and understands the importance of decontamination procedures.

4. The application form must be signed and dated. Please forward the application package, with all documentation to: Division of Fire Safety, Office of Training and Certification, Hazardous Materials Certification, PO Box 809, Trenton NJ 08625-0809.

*Note: Questions regarding hazardous materials certification's may be directed to (609) 777-3552.*