

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
APPLICATION FOR VALIDATION VERSION OF
HAZARDOUS MATERIALS TECHNICIAN CERTIFICATION EXAMINATION**

Please type or print legibly.

NAME: LAST FIRST MI DATE OF BIRTH

HOME ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER TELEPHONE # (PLEASE INCLUDE AREA CODE)

FIRE DEPARTMENT (IF EMPLOYED) TELEPHONE # (PLEASE INCLUDE AREA CODE) DATE EMPLOYED

EMAIL ADDRESS

DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING COURSES IS REQUIRED:

	<u>COURSE TITLE</u>	<u>TRAINING CENTER</u>	<u>DATES ATTENDED</u>
1.	HAZ. MAT. 1 (40 HOURS)	_____	_____
2.	HAZ. MAT. 2 (40 HOURS)	_____	_____
3.	HAZ. MAT. TECHNICIAN (32 HOURS)	_____	_____
4.	CHEMISTRY (40 HOURS)	_____	_____

OR THE COMPLETION OF THE FOLLOWING COURSE

1. IAFF HAZ. MAT TECHNICAN (160) _____

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

YES **NO**

- ____ ____ HAVE YOU ENCLOSED THE CURRENT **\$30.00** APPLICATION FEE?
- ____ ____ HAVE YOU ENCLOSED DOCUMENTATION OF COMPLETING THE COURSES LISTED ABOVE?
(CERTIFICATE OR COLLEGE TRANSCRIPT.)
- ____ ____ HAVE YOU ENCLOSED DOCUMENTATION THAT YOU ARE A CERTIFIED FIREFIGHTER I OR II BY
THE STATE OF FLORIDA? **IF NOT, YOU ARE NOT ELIGIBLE FOR THE VALIDATION VERSION OF
THIS EXAMINATION.**

SIGNATURE OF APPLICANT

DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO THE
BUREAU OF FIRE STANDARDS AND TRAINING, 11655 N.W. GAINESVILLE ROAD, OCALA, FL 34482-1486

PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMODATIONS,