



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

**HAZARDOUS MATERIALS WEAPONS OF MASS DESTRUCTION
AWARENESS/OPERATIONS with Mission Specifics
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:				
Firefighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _ _ _ _ - _ _ _ _ _		Your ID number consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number.</u> Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
By my signature, I acknowledge that, per State Regulations, I have 12 months 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. Late applications will not be accepted or processed	
Written Examination ____ Date _____	Practical Examination ____ Date _____
Examination Location	Examination Location

\$35.00 application fee. 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: _____

DO NOT SEND CASH

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 *Practical Skills* 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 WEAPONS OF MASS DESTRUCTION AWARENESS AND OPERATIONS NFPA 1072 COMPLIANCE

All objectives of NFPA Standard 1072, Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Six Mission Specifics, 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– Awareness/Operations/Weapons of Mass Destruction with Six Mission Specifics, Certification must be provided with, exposed to, and evaluated on all Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Six Mission Specifics, Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate’s initials in this section acknowledge receipt of a copy of the Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction v, Skills Evaluation Sheets.

I hereby acknowledge receipt of the HAZMAT – Awareness and Operations/ Weapons of Mass Destruction with Six Mission Specifics Practical Skills Evaluation Sheets

Candidates Initials:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Compliance Method 1 - Successful completion of a Connecticut Fire Academy HMWMD Awareness/Operations with Six Mission Specifics training program |
| <input type="checkbox"/> | Compliance Method 2 - Successful completion of a Connecticut Regional Fire School HMWMD Awareness/Operations with Six Mission Specifics training program |
| <input type="checkbox"/> | Compliance Method 3 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress HMWMD Awareness/Operations with Six Mission Specifics accredited certification (must include all mission six specific competencies) |
| <input type="checkbox"/> | Compliance Method 4 - Successful completion of a Connecticut Fire Academy HMWMD Awareness/Operations with Six Mission Specifics training program delivered by a Connecticut Fire Academy trained and authorized Fire Service Instructor. |
| <input type="checkbox"/> | Compliance Method 5 - Examination challenge – Director of Certification approval required |

Training Program Location _____ Date program completed _____

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1072 Chapter 4, 5 and 6, 2017 edition, Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Six Mission Specifics. 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