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 ☐ Volunteer ☐	Email Address:	
ID Number __ __ __ - __ __ __ __	Your ID number 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	
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 must receive applications a minimum of 10 days prior to the requested examination date. **Late applications will not be accepted or processed**	
Written Examination____ Date _____ Examination Location	Practical Examination ____ Date _____ Examination Location

$30.00 application fee. Please check type of payment below:

Check (please indicate check # and date)	☐ **VISA** ☐ **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

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

C33-12/16

Name: _____ **FFID#:**_____

HAZARDOUS MATERIALS WEAPONS OF MASS DESTRUCTION AWARENESS AND OPERATIONS NFPA 472 COMPLIANCE

All objectives of NFPA Standard 472, 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:**

☐	**Compliance Method 1 -** Successful completion of a Connecticut Fire Academy HMWMD Awareness/Operations with Six Mission Specifics training program
☐	**Compliance Method 2 -** Successful completion of a Connecticut Regional Fire School HMWMD Awareness/Operations with Six Mission Specifics training program
☐	**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)
☐	**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.
☐	**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 472 Chapter 4, 5 and 6, 2013 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 7-323*l*. 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