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| --- | --- | --- |
| **First Name:** | **Middle Initial:**  | **Last Name:**  |
| **Name of Agency/Work Place:** | **Agency/Work Street/PO Address:**  | **City:** |
| **State:** | **Zip Code:**  | **County of Work Place:** |
| **SSN:** | **Date of Birth:** | **Email Address (If Available):**  |
| **Please provide a phone and/or fax number where you can be reached during day time hours.** | **Phone:**  | **Fax:**  |
| **Level Requesting:**(Please Check One) * Awareness
* Operations
* Technician
 | **This certification is:**Re-CertificationThe Department/Supervisor certifies that refresher training has been completed each year and that the individual is certified as the level being requested.  | **Current Certification #:**  |
|  |  |  |
| **Department Chief Signature:** | **Signature of Applicant:** | **Date of Application:**  |