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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-Certification  The 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:** |