

## REQUEST FOR TEMA HAZARDOUS MATERIALS SPECIALIST CERTIFICATION

The Certification criteria are based on a series of courses identified by TEMA. These courses include National Fire Academy courses, Federal Emergency Management Agency courses, Federal Office of Homeland Security courses, and courses developed by TEMA. These training courses require demonstrating competencies through written examinations, hands-on demonstrations, field scenarios, and exercises.

### Certification Checklist:

- An application filled out listing courses completed by name, number, and date.
- A copy of the required prerequisite TEMA Course Certificate(s) or training transcript is attached to the application.
- The signature and date are from the department training officer or department head and applicant.
- Email or Send Drive with a Digital Color Photo with Last Name, First Name, Middle Initial
- The application and attachments submitted to the TEMA Regional Office for verification and review.

Name:		Date:	Last 4 of SSN:
Organization:		Job Title:	HM Tech Badge #:
Address:		City:	Zip:
County:	Phone:	Email:	

Prerequisites Required for Certification	Course #	Certificate Date
<b>Minimal one-year certification as a Hazardous Materials Technician</b>	<b>N/A</b>	
G300 – Intermediate Incident Command System (16-hours)		
R/N/O0233 - Chemistry for Emergency Response (80-hours)		
R/N/O0229 - Hazardous Materials Operating Site Practices (80-hours) Or R/N/O0258 – Management and Safety in Response to Hazardous Materials/WMD (72-hours)		
PER-354 - Response to Radiological/Nuclear Weapons of Mass Destruction (WMD) Incidents [RESPONSE] (30/27- hours) Or G320.0 - Fundamentals Course for Radiological Response (24-hrs)		

I acknowledge that all prerequisites and courses have been completed, and I certify that the information given in this application is correct and complete to the best of my knowledge. I have submitted the necessary documents and will supply further information as determined by TEMA. I understand that any false statement or misrepresentation I make during these proceedings may result in the revocation of this application. I give my permission to verify any information contained in this package.

**Candidate's Signature**

**Date**

I verify that the Candidate is an employee of this department and, to the best of my knowledge, the information in this application is correct and complete.

**Employer's Signature**

**Date**

TEMA Use Only	Date	Signature	Remarks	Y	N
District Coordinator					
Regional Director					
TEMA HazMat Branch					