

**HAZARDOUS MATERIALS OPERATIONS APPLICATION**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**  
 NFPA 472-2013 Edition



**Testing Information:** Certification as Hazardous Materials Operation Level now requires you to complete the Core Competencies (Chapter 5 of the NFPA 472 Standard) prior to completing any of the Mission Specific Levels in Chapter 6. **Please Check Level(s):** Please indicate, **by clearly marking with an "X"**, below which level(s) you are applying to test for:

Core Competencies       Personal Protective Equipment (6.2)       Product Control (6.6)

**SECTION I**

Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits required)
Mailing Address	City	State	Zip Code	County
Date of Birth	Home Phone	Alternate Phone	Email Address	
Affiliation (Fire Dept./Organization)		City/State	County	

**Please Read and Check One:**

- I have read (or have had explained to me) and understand the job performance requirements for the Hazardous Materials Operations certification test. I have no conditions which would preclude me from safely or effectively performing all the functions (practical skills and written test) and tasks for the level for which I am seeking national certification.
- I have read (or have been explained to me) and understand the job performance requirements for the Hazardous Materials Operations Certification test. I will be submitting a request for accommodation for the written National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the scheduled certification exam.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code *18 Pa C.S. 4904* and Act 168 of 2006 amended Title 18 [Crimes and Offenses] of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1). The Office of the State Fire Commissioner/Pennsylvania State Fire Academy only collects these numbers for tracking, processing of certifications and verification. Information is only shared where required to do so for and is not sold, bartered, rented or otherwise distributed.

**By signing and dating of this document I certify that the information contained in this application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code *18 Pa C.S. 4904*, relating to unsworn falsifications to authorities.**

[Click Here to View Candidate Handbook](#)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Test Site Official Use Only: Test Site: _____	Test Site Number: _____
Date Application Received at Test Site _____	Date Application Approved: _____
Candidate Number: _____ Written Exam Results ___ PASS ___ FAIL Skills Exam Results ___ PASS ___ FAIL	

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**SECTION II**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

***“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”***

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

***“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law.***

***I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”***

\_\_\_\_\_  
**Signature of Certification Candidate**

\_\_\_\_\_  
**Name of Certification Candidate (please print or type)**

\_\_\_\_\_  
**Date**

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**SECTION III - Please Read and Complete all information:**

A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in? YES\_\_\_ NO\_\_\_ Please sign waiver below.

**Liability Waiver**

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

\_\_\_\_\_  
(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

**By signing and dating of this document I HEREBY acknowledge THAT I HAVE READ THE CONTENTS OF THIS waiver, and THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.**

\_\_\_\_\_  
Candidate Name (Print or Type)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

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**SECTION IV**

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meet the requirements as noted in **Section III** of this application. Participation approved by:

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Chief Officer Name (Print or Type)	Daytime Phone	Email
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Signature of Chief Officer	Title	Date
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**SECTION V**

**REQUIREMENT: NFPA 472 – 2013 edition, Chapter 5, section 5.1.1.2 General:**

Candidates **MUST** be certified (as a minimum requirement) at the First Responder Awareness Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 4. Provide your number and attach a copy of your Hazardous Materials Awareness certification (Pro-Board of IFSAC) certificate.

Hazardous Materials Awareness Certification Number: \_\_\_\_\_

**REQUIREMENT: NFPA 472 – 2013 Chapter 5, section 5.1 General:**

Candidates **MUST** be trained or certified (as a minimum requirement) at the First Responder Operations Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 5 (Core Competencies for Operations Level Responders) and Chapter 6, section 6.6 (Mission specific Competencies: Product Control).

Attach a copy of one of the following recognized certificates (Delmar or Jones & Bartlett curriculums).

\_\_\_\_\_ **HAZARDOUS MATERIALS OPERATIONS LEVEL OR**

\_\_\_\_\_ **HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER**

**NOTE:** The certificate (training, refresher training or certification) must be current (i.e., within one (1) year of the firefighter certification test date and must meet the requirements of NFPA 472-2013 edition).

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**Pre-Requisite Verification Form**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understood the requirements of this program, Hazardous Materials Operation as indicated marked by and “X” on the first page of this application, and furthermore I meet the pre-requisites established by the Standard and/or the Authority Having Jurisdiction.

- \_\_\_\_\_ I am 16 years of age or older;
- \_\_\_\_\_ I have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;
- \_\_\_\_\_ I have signed the application;
- \_\_\_\_\_ I have had a chief officer sign Section IV of this application;
- \_\_\_\_\_ I have attached a copy of Hazardous Materials Awareness National Certification (Pro-Board and/or IFSAC) Certificate;
- \_\_\_\_\_ I have attached a copy of an approved certificates (Delmar or Jones & Bartlett curriculums) current Hazardous Materials Operations Course or Operations Refresher Training Certificate;
- \_\_\_\_\_ I have signed the liability wavier section of the application

**Testing Assistance**

- \_\_\_\_\_ I am physically capable of completing the practical skill exercises.
  - \_\_\_\_\_ I am able to read and comprehend the written test and related materials.
  - \_\_\_\_\_ I ***will*** be submitting a request for accommodation for the National Certification exam. I understand that I ***MUST*** contact the Certification Program Manager no later than two weeks prior to the certification exam;
- OR
- \_\_\_\_\_ I ***will not*** be submitting a request for accommodation for National Certification exam.

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Candidate Name (Print or Type)                      Signature of Candidate                      Date