

**NEW JERSEY STATE POLICE-OEM
DP / HAZMAT EMERGENCY RESPONSE PLANNING UNIT
TRAINING REQUEST AND DEPARTMENT AUTHORIZATION FORM**

PART 1

Print clearly all requested information!!!

***One form per student!! One course per form!!**

NAME: _____ **DEPARTMENT:** _____

Circle one **PUBLIC** or **PRIVATE** sector

TYPE OF AGENCY: _____ **BUSINESS/PAGER:** (____) _____

(Police, Fire, EMS, Health Dept., etc.)

MAILING ADDRESS: _____ **HOME PHONE:** (____) _____

CITY/STATE/ZIP _____ **SOCIAL SECURITY#** _____

PART 2

Place an "X" next to the course being requested, and indicate preferred date. **Receipt of request form by the NJSP-OEM does not guarantee admission into course.** TRAIN-THE-TRAINER courses are held on an "as needed" basis. **Wait for written confirmation!!**

	COURSE REQUESTED	DATE	COURSE REQUESTED	DATE
	06011 HAZMAT TECHNICIAN		06010 OPERATIONS T-T-T	
	06019 RAIL TANK CAR SPECIALTY		06014 EMER MED OPS T-T-T	
	06063 CARGO TANK TRUCK SPECIALTY		06016 ON-SCENE INCIDENT COMM	
	06008 AWARENESS T-T-T		06023 CONFINED SPACE OPS T-T-T	
	06089 WMD TECH			

PART 3

The individual named in Part 1 above is requesting to attend a HazMat training course offered by the NJSP-OEM DP/HMERP Unit. I, as Supervisor/Department Head have verified, at a minimum, the following requirements have been met:

- He/She is actively involved in Hazardous Materials response within the department.
- He/She has successfully completed recognized training in the use of positive pressure self contained breathing apparatus.
- He/She is believed to be in good health and physical condition and is able to perform all hands-on activities.
- He/She has met all prerequisite training standards required to attend the course requested (Subject to verification by the NJSP-OEM).
- He/She will be covered under the Workman's Compensation insurance and/or other departmental insurance throughout the length of the program, and will assume full liability for any injuries that are training related.

PRINT NAME & TITLE OF SUPERVISOR

SIGNATURE

DATE

*MAIL OR FAX THIS FORM BACK TO STATE
POLICE HEADQUARTERS AT ADDRESS/NUMBER
TO RIGHT ----->*

*NJSP-OEM DP / HMERP
BOX 7068 RIVER RD.
WEST TRENTON, NJ 08628*

**FOR INFO., CONTACT THE DP / HAZMAT UNIT
@ 609-882-2000 x-6463**

FAX (609) 538-0345