

MIDWESTERN NEW HAMPSHIRE REGIONAL HAZARDOUS MATERIALS RESPONSE TEAM APPLICATION

Please Print or Type

1. Last Name/First name/Middle Name		2. Social Security Number		3. Date of Birth		
4. Current Home Mailing Address				5. Date of Joining		
6. Home phone number	Work phone number	Cell phone number	Pager number			
6. Fire Department						
7. To Hold Position of (Chief, Capt., Lt., Firefighter, etc.)						
8. Training You Have		<input type="checkbox"/> Level 1 FF	<input type="checkbox"/> Level 2 FF	<input type="checkbox"/> Ops.	<input type="checkbox"/> Decon	<input type="checkbox"/> EMT B or I
Any other special training you have						
9. Team Year Training Requirement Ops. And Decon 8hrs Yearly Tech are 24 hrs. Yearly Team Training Meeting Ever other month.						
10. I certify that the information recorded on application is correct. I agree to abide by the rules, policies, and regulation of the MNHRMRT if I am admitted as a member.						

Signature of Applicant Date

11. I certify that the applicant is member of our fire department /agency and is covered by Worker's Compensation Insurance Non-affiliated member shall provide proof of insurance.

Signature of Agency Representative Date