



Please complete this form to request the IAFF HazMat training. This form must be signed by the president of an IAFF affiliate and the fire chief. Email the complete form to [HazMat@iaff.org](mailto:HazMat@iaff.org)

<b>Entity requesting the training</b>		
Entity name:		
IAFF Local:		
<b>Designated Point of Contact (POC) to be responsible for all logistics and coordination</b>		
Name:		
Title:		
Email:		
Phone number:		
Organization:		
<b>Indicate the training program and the number of classes you are requesting (min-max: 15-25).</b>		
If you have more than 25 students to be trained, you must request more than one class. You must be able to provide adequate number of separate classrooms for every 25 students.		
#	Program	Hours
	Confined Space Operations (CSO) ***	24
	Confined Space Rescue (CSR) ***	40
	Emergency Response to Terrorism: Operations (ERT: Ops)	8
	Frontline Safety (FLS)	8
	HazMat Operations (Ops) ***	24
	HazMat Technician (Tech) ***	80
	High Consequence Incidents: Planning, Response and Recovery (HiC)	8
	Response to Drug Related Incidents (DRI)	8
	Train-the-Trainer (check which program above)	TBD
***Pro Board ®accredited course		
Dates requesting:		
Training address:		
Please provide examples as to why you are requesting the training – e.g., new recruits, local chemical facility, terrorist threats, recent hazmat incidents, certification, regulatory compliance, enhanced responsibilities, or change in community hazards / risks present:		

\_\_\_\_\_  
 President, IAFF Local \_\_\_\_\_

\_\_\_\_\_  
 Fire Chief, \_\_\_\_\_ Fire Department