



**KENTUCKY COMMISSION ON FIRE PROTECTION,  
PERSONNEL, STANDARDS AND EDUCATION**

Office of IFSAC Accreditation, PO Box 248, Morehead, KY 40351



**Application for Certification Competency to Ch 04-NFPA 472<sup>®</sup>**

**HAZ MAT AWARENESS**

**CANDIDATE PERSONAL INFORMATION**

**Requested test date & location**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_ City County State Zip

Last 4 digits of SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Department: \_\_\_\_\_ State FDID#: \_\_\_\_\_

*NFPA 472:2013, Standard for Competence of Responders to Hazardous Materials/WMD Incidents<sup>®</sup>, requires all HMA candidates to be competent in requisite skills and procedures as outlined by job performance requirements contained within Chapters 4 of the standard, toward eligibility for certification.*

**All objectives listed below must be checked and the signature block signed by the agency head or designee before the candidate is eligible to be certified. This document is a testament to the competency of the candidate and a statement of training to the tasks listed within the standard.**

JPR#	JPR Description	√	JPR#	JPR Description	√
1	Candidate has received training to meet applicable governmental occupational health and safety regulations.		2	Collect hazard information from the current edition of the DOT <i>Emergency Response Guidebook</i> .	

**Verification Section of Candidate**

I attest that I am eligible for testing after being trained to the above job performance tasks as required by the standard for certification purposes. \_\_\_\_\_  
(Candidate Signature)

**Verification Section (Chief, instructor, supervisor or designee must sign)**

I, \_\_\_\_\_, do attest that I, or a member of my staff, have witnessed the above named candidate demonstrating the above job performance requirements.