ALL CERTIFICATION APPLICATIONS MUST BE TYPED

HAZARDOUS MATERIALS TECHNICIAN APPLICATION

PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM

NFPA 470 - 2022 Edition

Effective March 1, 2026:

- All certification candidates are required to maintain an active Acadis user portal account. (Acadis portal location = OSFC website/ Training and Certification Portal, or click here: ENVISAGE Acadis®)
- All certification candidates are to be registered with the designated test site and rostered for the certification test.

MUST USE YOUR LEGAL NAME AS SHOWN ON GOVERNMENT ISSUED ID

SECTION I

FEMA Student Identification Number (FEMA SID#): To register or view your FEMA SID, go to https://cdp.dhs.gov/FEMASID	*Enter your 10-digit FEMA SID#*

Last Name	First Name	M.I.	Suffix	SSN# (last 4-digits only)

Mailing Address	City	State	Zip Code	County

Date of Birth	Primary Phone	Alternate Phone	Email Address

Affiliation (Fire Dept./Organization)	Title/Rank	Date Hired/Joined

Fire Dept/Organization Address	City	State	Zip Code	County

Please Read and Check One:

☐ I have read (or had explained to me) and understand the job performance requirements for the Hazardous Materials Technician certification test. I have no conditions which preclude me from safely or effectively performing all functions and tasks (practical skills and written test) for the level at which I am seeking national certification.

☐ I have read (or had explained to me) and understand the job performance requirements for the Hazardous Materials Technician certification test. I will submit a request for accommodation for the written national certification test. I understand I MUST contact the Certification Program Manager no later than twenty days 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* Section 7384 of the Emergency Management Services Code (35 Pa. C.S. §§ 7101 *et seq*. The Office of the State Fire Commissioner/ Pennsylvania State Fire Academy collects these numbers only for tracking, processing of certifications, and verification purposes; information is only shared where required to do so for and is not sold, bartered, rented, or otherwise distributed.

By signing and dating 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

SECTION II

Chapter 77, Section 7713 of Title 35 Health and Safety, Part V of the Pennsylvania Emergency Management Services Code reads:

"A person convicted of violating 18 Pa. C. S. § 3301 (relating to arson and related offenses) 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 Subchapter F of Chapter 73 (relating to State Fire Commissioner)."

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"

_____
Name of Certification Candidate (please type)

_____ _____
Signature of Certification Candidate **Date**

SECTION III - Please Read and Complete all information:

A candidate should meet the requirements of *NFPA 1580 (2025) Standard for Emergency Responder Occupational Health and Wellness* prior to physical testing to ensure their 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? YES___ NO____

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 lawsuits 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 (OSFC), 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 (please 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 meets the requirements noted in Section III of this application. Participation approved by:

Name of Chief Officer (please type)	**Daytime Phone**	**Email**
Signature of Chief Officer	**Title**	**Date**

SECTION V: REQUIREMENTS

Candidates **MUST** be trained **AND** certified at the Hazardous Materials Operations Level in accordance with NFPA 1072 (2017), Chapter 5 (Core Competencies) and Chapter 6 (Mission-Specifics) Section 6.2 (PPE) and Section 6.6 (Product Control), **OR** NFPA 470 (2022) *Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders.* Training standards as outlined in Chapters 6 and Chapter 8, Section 8.2 (PPE) and Section 8.6 (Product Control) or in Certification standards as outlined in Chapter 7 and Chapter 9, Section 9.2 (PPE) and Section 9.6 (Product Control)

Attach a copy of one of the following nationally recognized certificates.

_____ Hazardous Materials Awareness Level 470 or 1072 (Pro-Board, IFSAC or DOD) certification **AND**

_____ Hazardous Materials Operations Level 470 or 1072 (Pro-Board, IFSAC or DOD) certification **AND**

_____ Hazardous Materials Technician Level 470 or 1072 initial training course **AND**

Candidates MUST also provide proof of annual Hazardous Materials Operations training (either training certificates, refresher certificates, or certification). Training certificates **MUST** be from the PSFA-approved Jones & Bartlett curriculum OR the PSFA-approved IFSTA curriculum.

_____ Hazardous Materials Operations Level training **OR**

_____ Hazardous Materials Operations Level Annual Refresher training
(candidate must have completed an approved operations initial course) **OR**

_____ Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

NOTE: The certificate (training, refresher training, or certification) **MUST** be current and dated within one (1) year of the certification application and **MUST** meet the requirements of NFPA 1072 (2017) **OR** NFPA 470 (2022).

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates I read and understand the requirements of this Hazardous Materials Operation test process as indicated by an "X" on Page One of this application; furthermore, I meet the pre-requisites established by the Standard and/or the Authority Having Jurisdiction.

_____ I am 18 years of age or older

_____ I signed the Chapter 77, Section 7713 of Title 35 form or have provided an official criminal history record check obtained pursuant to Chapter 9

_____ I signed the application (Wet signatures (blue or black ink) OR digital signatures - but they **MUST** Adobe Signatures - **NOT** Freedom Signatures);

_____ I had a chief officer sign Section IV of this application

_____ I attached a copy of my Hazardous Materials Awareness National Certification (Pro-Board and/or IFSAC) Certificate

_____ I attached a copy of my Hazardous Materials Operations National Certification (Pro-Board and/or IFSAC) Certificate

_____ I attached a copy of my Hazardous Materials Technician initial training certificate

_____ I attached a copy of my approved, current Hazardous Materials Operations Course or Operations Refresher Training Certificate (Jones & Bartlett **OR** IFSTA curriculum)

_____ I signed the liability wavier section of the application

_____ I have registered with the designated test site and rostered for the certification test

_____ I have created an account with Acadis

Testing Assistance

_____ I am physically capable of completing the practical skill exercises.

_____ I can read and comprehend the written test and related materials.

_____ I ***will not*** be submitting a request for accommodation for National Certification exam.

OR

_____ I ***will*** be submitting a request for accommodation for the National Certification exam. I understand I **MUST** contact the Certification Program Manager no later than twenty days (20) prior to the certification exam.

Candidate Name (please type) Signature of Candidate Date