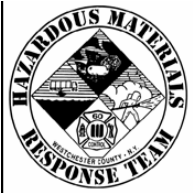




Westchester County Department of Emergency Services



Hazardous Materials Response Team (HMRT) Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
(Home) (Business) (Other)

Employee: _____

Address: _____

City: _____ State: _____ Zip: _____

Drivers License No.: _____ State: _____ Class: _____

Availability: (Please ✓ your availability)

Days (M-F) Nights Weekends Other: _____

Training: (Please ✓ the training programs that you have completed)

- HAZMAT Awareness HAZMAT Operations HAZMAT Technician
- HAZMAT Specialist WMD Awareness WMD Response
- NIMI (ICS) Confined Space Rescue Technical Rescue

Other: (EG: Firefighting Classes, EMT, CRF, Etc.)

Signature: _____ Date: _____

If you are affiliated with an emergency services agency in Westchester or belong to an industrial HAZMAT response team and plan to work with the Westchester HMRT as part of your affiliated agency, please have your Chief/Executive Officer sign this form.

Permission is hereby granted to: _____ to participate as a member of the Westchester County Hazardous Material Response Team.

(Chief/Exec. Officer Signature)

(Date)

(Print Name)

Please send the completed application to:

WC Dept. of Emergency Services, 4 Dana Road, Valhalla, NY 10595. Attn: Chief Pitocco