



## REQUEST FOR TEMA HAZARDOUS MATERIALS TECHNICIAN RECERTIFICATION

The curriculum established for a Hazardous Materials Technician Certification program is based on training standards developed by the Tennessee Emergency Management Agency utilizing OSHA requirements and NFPA 472 Standards for Hazardous Materials Technicians. The Certification criteria are based on a series of courses offered by TEMA. These courses are comprised of National Fire Academy courses, Federal Emergency Management Agency, Federal Office of Homeland Security, and courses developed by TEMA. These training courses require demonstration of competencies through written examinations, hands-on demonstrations, field scenarios and a final full-scale exercise.

### Recertification Checklist:

- An application completely filled out listing last Certification date and the annual eight hour sustainment requirements for three-years.
- A copy of the last TEMA Technician Certificate is attached to the application with documentation of the sustainment training.
- Signature of the department training officer, or department head.
- Signature of applicant.
- Email or Send Disk with Digital Color Photo with: Last Name, First Name, Middle Initial
- Application and attachments submitted to the TEMA Regional Office for verification and review.

Name:	Date:	HM Tech Badge #:
Job Title:	Last 4 of SSN:	
Organization:	Phone:	
Address:	City:	Zip:
Email Address:		

Training Required for Recertification	Course #	Date
<b>Last Technician Certification (year one thru three)</b>	<b>N/A</b>	

*I certify that the information given in this application is correct and complete to the best of my knowledge. I have submitted the necessary documents and will supply further information as determined by TEMA. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application. I give my permission for verification of any information contained in this package.*

\_\_\_\_\_  
Candidate's Signature Date

*I verify that the Candidate is an employee of this department and, to the best of my knowledge, the information given in this application is correct and complete.*

\_\_\_\_\_  
Employer's Signature Date

TEMA Use Only	Date	Signature	Remarks	Y	N
Area Coordinator					
Regional Director					
HM Training Manager					