

**Terrorism Command Specialist - HazMat & EMS Application**  
 Michigan Department of Labor & Economic Growth  
 Bureau of Fire Services  
 Office of Fire Fighter Training  
 P.O. Box 30700, Lansing, MI 48909  
 Telephone: 517-241-8847 Fax: 517-335-4061

Authority: 1966 PA 291

**Instructions** - Required courses for the Terrorism HazMat/EMS Command Specialist are provided on the back. The applicant is to complete Sections I, V and the section(s) corresponding to the certification level(s) for which you are applying. Attach required documentation. The applicant's fire chief is to complete Section VI. **Both** the applicant and fire chief must sign and date the application before submitting to the Course Manager.

Mail or fax completed application and attachments to the address listed above.

**Applicant Information**

Check the level(s) for which you are applying:				<input type="checkbox"/> Terrorism - HazMat Command Specialist	<input type="checkbox"/> Terrorism - EMS Command Specialist
LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS (No P.O. Boxes - UPS will not deliver)				COUNTY OF RESIDENCE	
CITY		STATE	ZIP CODE	DRIVER'S LICENSE NO.	
DAYTIME TELEPHONE NO. (Include Area Code)	EVENING TELEPHONE NO. (Include Area Code)		SOCIAL SECURITY NUMBER*		
E-MAIL ADDRESS	FIRE DEPARTMENT / STATION NAME			FDID NUMBER	

**II. Terrorism - HazMat Command Specialist (Hazardous Materials)**

<input type="checkbox"/> Attach certificate for FF I or previous phases I & II training		<input type="checkbox"/> Minimum 3 years of fire service experience required. List most recent experience first	
Fire Department Name	FDID Number	From Month/Year	To Month/Year
<input type="checkbox"/> Attach a copy of training certificate for each Terrorism <b>HazMat</b> Command Specialist course.			

**II. Terrorism - EMS Command Specialist (Emergency Medical Services)**

<input type="checkbox"/> Attach certificate for FF I or previous phases I & II training		<input type="checkbox"/> Minimum 3 years of fire service experience required. List most recent experience first	
Fire Department Name	FDID Number	From Month/Year	To Month/Year
<input type="checkbox"/> Attach a copy of training certificate for each Terrorism <b>EMS</b> Command Specialist course.			

**III. Certification and Signature**

I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.	
APPLICANT'S SIGNATURE	DATE

**VI. Fire Chief / Agency Head or Designee**

To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.	
SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	DATE
FIRE DEPARTMENT NAME	FDID NUMBER

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.