




|               |   |  |  |               |
|---------------|---|--|--|---------------|
| Date Received |  | <b>Department of Public Safety</b><br><b>Division of Fire Safety</b><br>PO Box 844, Jefferson City, MO 65102<br>(573) 522-2426 FAX (573) 751-1744<br>Website: <a href="http://www.dfs.dps.mo.gov">www.dfs.dps.mo.gov</a> | <br> | Date Approved |
| Received By   |   |  |  | Approved By   |
|               |   |  |  |               |

### Application for Hazardous Materials Course Delivery

|                            |                   |                          |
|----------------------------|-------------------|--------------------------|
| <b>Location for Course</b> | <b>Start Date</b> | <b>Expected End Date</b> |
|                            |                   |                          |

|                       |             |                 |                           |
|-----------------------|-------------|-----------------|---------------------------|
| <b>Street Address</b> | <b>City</b> | <b>Zip Code</b> | <b>Number of Students</b> |
|                       |             |                 |                           |

|  |   |
|--|---|
| <b>Course to be Delivered:</b>   | <b>Approved Curriculum to be used:</b>  |
| <input type="checkbox"/> Awareness & Operations<br><br><input type="checkbox"/> Technician | <input type="checkbox"/> Jones & Bartlett Hazardous Materials Awareness and Operations, 2 <sup>nd</sup> Ed.<br><input type="checkbox"/> Jones & Bartlett Fundamentals of Fire Fighter Skills, 3 <sup>rd</sup> Ed.<br><input type="checkbox"/> IFSTA Hazardous Materials for First Responders, 4 <sup>th</sup> Ed.<br><input type="checkbox"/> IFSTA Essentials of Fire Fighting and Fire Department Operations, 6 <sup>th</sup> Ed.<br><br><input type="checkbox"/> Jones & Bartlett Hazardous Materials Managing the Incident, 4 <sup>th</sup> Ed. |

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <b>Location of Course Records:</b> | <b>Person Responsible for Records</b> |
|                                    |                                       |

|                                |                  |                   |             |
|--------------------------------|------------------|-------------------|-------------|
| <b>Instructor Information:</b> |                  |                   |             |
| <b>Last 4 SSN #</b>            | <b>Last Name</b> | <b>First Name</b> | <b>M.I.</b> |
|                                |                  |                   |             |

|                                      |             |              |                 |
|--------------------------------------|-------------|--------------|-----------------|
| <b>Mailing Address of Instructor</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|                                      |             |              |                 |

|                      |                     |
|----------------------|---------------------|
| <b>Email Address</b> | <b>Phone Number</b> |
|                      |                     |

|                                 |                       |               |
|---------------------------------|-----------------------|---------------|
| <b>Host Agency Information:</b> |                       |               |
| <b>Agency Name</b>              | <b>Agency Phone #</b> | <b>County</b> |
|                                 |                       |               |

|   |             |
|---|-------------|
| <b>Signature (Instructor or Host Agency Representative)</b> | <b>Date</b> |
|   |             |

| Division of Fire Safety Use Only |     |           |      |          |
|----------------------------------|-----|-----------|------|----------|
|                                  | Yes | No        | Date | Initials |
| Approval Granted                 |     |           |      |          |
| Approval Letter Sent             |     |           |      |          |
| Notes:                           |     |           |      |          |
| Data Entry Date:                 |     | Initials: |      |          |