

Certification of Participation

Henry County Emergency Management Agency DIVISION OF HAZARDOUS MATERIALS RESPONSE

Date: _____

I, _____ (Fire Chief/Administrator) do hereby certify that

(Name of Applicant)

is a member in good standing with the _____ and has met the requirements of NFPA 471, NFPA 472 & IOSHA 29 CFR 1910.120 and is therefore designated as a representative of _____ to respond in a mutual aid capacity anywhere that a mutual aid response has been requested due to a Hazardous materials incident.

This applicant may participate as a designated member of _____ as authorized by the signatures listed below.

Said member may respond and perform functions in accordance with his/her documented training at the *Operations / Technician / Specialist* (circle one) Level as recorded and attested to by their employer/department.

(Signature-Fire Chief/Administrator/Employer)

(Date)

(Township Trustee/City Administrator)

(Date)