

## Haz-Mat Operations Refresher (HMOR) 7 hours



# YORK COUNTY FIRE SCHOOL

*"A part of the Fire Chiefs and Firefighters Association of York County"*

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountymfireschool.org](http://www.yorkcountymfireschool.org)

Phone: (717) 767-4097, Fax: (717) 764-3243

**Course Title:** Haz-Mat Operations Annual Refresher

**SFA Course Code:** HMOR

**Prerequisites:** Haz-Mat Operations

**Length of Course:** 6 Hours

**Referenced Texts:** IAFC "Hazardous Materials Awareness and Operations"

**Description of Course:** This course will allow a Haz-Mat emergency responder at the First Responder Operations level to receive refresher training as required annually by Federal Regulation.

**Dates:** May 11<sup>th</sup>, 2019; 0800 – 1600

**Instructor:** Larry Curry

**Cost:** \$25 (*waived if training subscription was purchased*)

### REGISTRATION INFORMATION

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ @ \_\_\_\_\_.

(Student Contact Information)

### CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: \_\_\_\_\_

PRINT YOUR NAME

**Note: By authorizing this class, you are authorizing the Fire School to bill your organization for No Shows. No Shows are: students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class; which will subject the organization to be charged for the cost of the class (Not covered under subscription). The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

Chief or Training Officer's Email: \_\_\_\_\_

(E-mail address is for class confirmation /cancellation notification purposes only **(REQUIRED)**)

Please email to [Registration@ycfs.us](mailto:Registration@ycfs.us). It can also be mailed or faxed to the address or number listed above.

**PLEASE PRINT CLEARLY.** Thank you.