

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

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

Course Title: Haz-Mat Operations Annual Refresher **SFA Course Code:** HMOR, **Length of Course:** 6 Hours

Prerequisites: Haz-Mat Operations

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: (October 21st, 2017; 08:00 – 15:00)

Instructor: Larry Curry

Cost: \$25.00 (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. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. 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.

E-mail address OR phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (_____) _____ - _____ or _____ @ _____.

(Chief or Training Officer Contact Information Only)

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.