

Haz-Mat Operations Level Annual Refresher Training (HMOR), 6 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: UPRR or IAFF or HISI or HMDP or otherwise certified to First Responder Operations Level

Referenced Texts: 2008 Emergency Response Guide

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: (December 6th & 7th; 18:30 – 21:30)

Instructor: Stephen Lane

USING INK, PLEASE PRINT CLEARLY.

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

_____ @ _____ () - _____

(Student's Email Address)

(Student's Phone #)

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 not attending a class will subject the organization a charge of \$25.00 for a 6 hour or less class or \$50.00 for a class more than 6 hours long. The fire company is responsible for the cost of the class. Failure to pay such fees will result in eliminating your department members' attendance at future classes.

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

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

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