



YORK COUNTY
Hazardous Materials Response Team
 Membership Application

Name

Last	First	Middle	Suffix

Address

Street	City	State	Zip Code

Contact Information

Home Phone	Cell Phone	E-Mail

Personal Information

Social Security #	Date of Birth	Age

Department

Name	Address	FDID #	Firefighter ID #

Training

HazMat Operations	HazMat Technician	Chlorine Specialist	EMT/ Paramedic
() yes () no	() yes () no	() yes () no	() yes () no

Please attach certificates to application

Applicant Signature: _____ Supervisor/Chief/Captain _____

Return application to:
 York County Department of Fire Safety
 2500 McFarland Road
 PO Box 82
 York, SC 29745
 Phone 803-620-2270 / Fax 803-620-2269