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HazMat Training

Registration Form

Current Date

Name

Address | City | State | Zip Code

Department | Address

City | State | Zip Code | Work Phone | Homephone

email

☐ FireFighter ☐ Volunteer ☐ Emergency Management

☐ LEO ☐ industry ☐ EMS ☐ Other

Course or Training discription

Course location

Applicants Signature _____

Mail or Fax to: Kansas State Fire Marshal HazMat Division 700 SW Jackson, Suite 600 Topeka, Kansas 66603-3714.
Fax # 785-296-0151