Pre-Application for NDDES Firefighter Stipend for SERTC HazMat Training

Name of Firefighter:

☐ FTE Firefighter ☐ Volunteer Firefighter

Name of Fire Department:

Course Attending:

Course Dates:

For Office NDDES Use Only

☐ Copy of SERTC Application on File

☐ Copy of SERTC Approval Attached

☐ Stipend Conditionally Approved

☐ Stipend Denied

Firefighter Contact Information:

Address:

City: State: Zip Code:

Work Phone: Work Email:

Fire Department Contact Information:

Fire Chief:

Department Address:

City: State: Zip Code:

Dept. Phone: Chief's Email:

Costs Applying for:

☐ Overtime (FTE Only)

Estimated # of OT Hours: X OT Rate/hr: = $ 0.00

☐ Backfill (FTE Only)

Estimated Cost: $

☐ Wage Replacement (Volunteer Only)

Course Hours: X $19.00/hr. = $ 0.00

Estimated Travel Hours: X $19.00/hr. = $ 0.00

_____ _____ _____ _____

Signature of Firefighter (Student) Date Signature of Fire Chief Date

By signing this application, the chief is certifying membership and that the firefighter is an appropriate member to attend.

Note: *If the Stipend is Conditionally Approved, please be aware that the Stipend Amount Applied for and Stipend Amount Reimbursed may differ (Estimated Cost vs. Actual Cost).*