

## FEDERAL BUREAU OF INVESTIGATION

### HAZARDOUS DEVICES SCHOOL

### COURSE APPLICATION

**Privacy Act Statement** - Solicitation of information on this form is authorized by Title 42, United States Code (USC), Section 3771(a), which authorizes the Director of the FBI to establish and conduct training programs for state and local criminal justice personnel, and, in the case of your Social Security Number (SSAN), by Executive Order 9397. The primary purpose of soliciting the requested information is to determine your eligibility for enrollment in the FBI Hazardous Devices School. Although provision of the information on this form is voluntary, failure to provide the requested information (with the exception of your SSAN) shall result in the denial of this application. Information provided on this form may be disseminated according to the provisions of Title 5, USC, Section 552a, more commonly known as the Privacy Act of 1974.

This information form is required for all Hazardous Devices School applicants.

1. Date of Application

2. Type of class desired: ☐ Certification Course ☐ Recertification Course ☐ Other \_\_\_\_\_

**Certification Course Applicants Only:** Do you understand that all travel, lodging and subsistence expenditures incurred during the Hazardous Devices School Certification Course are to be borne by your agency? ☐ Yes ☐ No

3. Last Name First Name Middle Name

4. Residence Address (Street, City, State, Zip Code)

5. Birth Date 6. Place of Birth 7. Social Security Number

8. a. Name of relative to be contacted in case of emergency 8. b. Relationship to applicant

9. ☐ Male ☐ Female 10. Height 11. Weight

12. Do you have any physical defects which would preclude unrestricted, regular participation in the handling of live explosives or wearing of bomb suits, chemical protective suits, respirators and other protective equipment during the Hazardous Devices School training? ☐ Yes ☐ No (If "yes", explain)

13. Name, address, and phone number of present family physician

14. E-mail Address: a. Business \_\_\_\_\_

b. Personal \_\_\_\_\_

15. Business Telephone Number 16. Facsimile Number

17. Home Telephone Number 18. Cellular Telephone Number

19. a. Name of public safety agency where candidate employed :

b. Length of employment:	c. Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Employment Address (Street, City, State, Zip Code)	21. Rank or Title

22. Is applicant replacing a current or former certified bomb technician on the squad? If so, who and provide the date of his/her departure? (For Certification Applicants Only.)

23. What is the squad TSL (target staffing level)?	24. How many certified bomb techs are currently on the squad?
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25. **Signature of Nominating Official** (from the applicant's agency)

\_\_\_\_\_  
Name and Title (Print or Type)

### Bomb Squad Information

26. a. Name of Accredited Bomb Squad to which assigned	b. Bomb Squad Identifier Number
c. Name of Bomb Squad Commander (Defined as the certified bomb technician point of contact who will speak for the squad)	
d. Mailing Address of Bomb Squad (Street, City, State, Zip Code)	
e. Telephone Number of Bomb Squad	f. Fax Number of Bomb Squad
g. E-mail of Bomb Squad	
h. <b>Signature of Bomb Squad Commander</b> (Required if the Bomb Squad Commander is employed by a different agency)	

27. **Waiver:** I am about to take a course of instruction at the Hazardous Devices School and am aware that this course may necessitate my personal handling of live explosives, incendiary materials, hazardous chemicals, as well as the wearing of bomb suits, respiratory protective equipment and other personal protective equipment. I acknowledge that I am taking this course on my own initiative. I am fully aware of the dangers and risks involved in this course of instruction and realize that neither the United States Government nor the Federal Bureau of Investigation is agreeing to act as insurers of my safety. Therefore, in consideration of the permission extended to me by the United States, through its officers and Agents, to take this course of instruction, I do hereby, forever discharge the Government of the United States and all its officers, Agents, and employees, acting officially or otherwise, from any and all claims or causes of action on account of any injury to me or my property which results through no fault or wrongdoing on behalf of the Government or its employees during the course of instruction or the handling of any hazardous device. I further acknowledge and agree that any claims or causes of actions against the Federal Government I may have for injuries to myself or to my property during my instruction will be those provided for by the Federal Tort Claims Act or other applicable federal statutes.

28. **All Applicants:** Return this form and other designated forms, including medical forms, to the Training Coordinator in the FBI Field Office in your region.

29. \_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_ **Date**