



*Application for Certification as  
Bomb Disposal Technician*

1. Name: \_\_\_\_\_  
*Last First MI*

2. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Agency: \_\_\_\_\_

\_\_\_\_\_  
*Address City Zip Code*

4. Rank: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Certification/Registration No.: \_\_\_\_\_

7. Experience as Bomb Disposal Technician: \_\_\_\_\_  
*Yrs. Mo.*

8. Name and location of school where Hazardous Devices School  
was completed: \_\_\_\_\_

9. Date training completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Attachments**

Attach copies of the following documents to this application:

1. Peace Officer/ Firefighter Certification;
2. Certificate of course completion of Hazardous Devices School;

Application and supporting documents should be mailed to:

Georgia Peace Officer Standards and Training Council  
P.O. Box 349  
Clarkdale, GA 30111

**OVER**

**Attestation**

**and**

**Law Enforcement Unit Verification**

**Bomb Disposal Technician Applicant's Attestation**

I hereby attest and affirm that the information supplied herein is true to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Applicant's Signature* *Date*

**Law Enforcement Unit Verification**

\_\_\_\_\_  
*Name and Address of Employing Law Enforcement Unit*

This is to certify that the above named officer is recommended by me for certification as a Bomb Disposal Technician.

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name*

Sworn to and subscribed before me this date.

SEAL

My Commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Notary Public or Ex. Off. J.P.*