

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. **Certification applicants only:** Is applicant replacing a current or former certified bomb technician on the squad?
If Yes»Name: _____ Date of his/her departure: _____

23. What is the squad TSL (target staffing level)? _____ Number of certified techs currently assigned? _____	24. The applicant will replace a current bomb tech scheduled to retire or depart the squad? Yes No Name of departing tech, if applicable: _____
---	--

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. **Signature of Bomb Squad Commander** (required if the Bomb Squad Commander is employed by a different agency)

27 a. Acknowledgement (by all applicants): 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.

27 b. Waiver (by non-federal employees ONLY): I realize that neither the United States Government nor the Federal Bureau of Investigation is agreeing to act as insurers of my safety. 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, to the extent permissible by law, forever discharge the Government of the United States and all its officers, Agents, and employees, acting official or otherwise, from any and all claims or causes of action on account of any injury to me or my property that 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. Should a claim arise under the terms and conditions of the Federal Tort Claims Act (FTCA, Title 28, United States Code, Sections 1346 and 2671 et seq.), for the negligent and wrongful act or omission by an employee, in the performance of assigned duties, that result in injury to myself or to my property, the claim shall be presented to the FBI in accordance with the FTCA for the investigation and disposition of said claim.

28. _____
Signature of Applicant **Date**