**Specialized Emergency Response Program**

**of Whatcom County**

**Hazardous Materials Unit**

PO BOX 871, Bellingham, WA 98227

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Phone (360)756-5020 Fax (360) 715-1851

***PUBLIC/PRIVATE***

 ***PARTNERSHIP***

**TEAM MEMBERSHIP APPLICANTS
SPONSORING AGENCY STATEMENT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this person met the requirements for team membership as described in the “Team Membership Packet?”

As a sponsoring agency, there are required costs that your agency will incur:

* Initial and annual medical evaluations per WAC 305-05011 296.62 part p. Potentially on-going medical monitoring if an incident occurs.
* Potential overtime costs.
* Initial Hazardous Material Technician training and continuing education costs.

If you have any questions regarding your responsibilities as a sponsor, contact Chuck Henkel, Team Leader.

Signature of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_