



**INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT**  
 11900 Parklawn Drive • Suite 450 • Rockville, Maryland 20852-2676  
 301-984-8969 • FAX 301-984-1516 • ihmminfo@ihmm.org • www.ihmm.org

**HAZARDOUS MATERIALS  
 MANAGER-IN-TRAINING  
 (HMMT) EXAM APPLICATION**

**Before starting, please see instructions on page 3.**

*The application fee must accompany this application*

|                             |            |
|-----------------------------|------------|
| <i>IHMM Office Use Only</i> |            |
| Paid _____                  |            |
| ID. No. _____               | Date _____ |

**1. Contact Information**

|                              |         |           |                      |                            |
|------------------------------|---------|-----------|----------------------|----------------------------|
| Name (Last)                  | (First) | (Initial) | Social Security #    | Date of Birth              |
| <input type="checkbox"/> Mr. |         |           | Last 4 digits: _____ |                            |
| <input type="checkbox"/> Ms. |         |           |                      |                            |
| Home Address (Street)        | (City)  | (State)   | (Zip)                | Area Code/Telephone Number |

E-mail Address(es): \_\_\_\_\_

**2. Experience (current job, if employed). Attach a separate sheet with details if you have any other qualifying experience.**

|   |                                 |                                    |
|---|---------------------------------|------------------------------------|
| Name of Employer  | Street Address/City/State/Zip   | Area Code/Tel. No.                 |
| Dates of Employment (mo/yr)<br>From                      To | Exact Title of Position         | Total Yrs (Mos) in this Assignment |
|   |                                 | Annual Salary                      |
| No. and Kind of Employees You Supervise                     | Name of Your Immediate Superior | Superior's Title                   |
|   |                                 | Area Code/Tel. No.                 |

Description of Duties and Responsibilities – indicate approximate percentage of time in each type of qualifying experience

**3. Education**

| Name and address of college or university.<br>Forward original transcripts to IHMM.<br>(Degree must be shown on transcript.) | Dates Attended |    | Credits/<br>Semester Hrs<br>Earned | Major | Degree |                                      |
|--|----------------|----|------------------------------------|-------|--------|--------------------------------------|
|  | From           | To |                                    |       | Type   | Mo & Year<br>received<br>or expected |
|  |                |    |                                    |       |        |                                      |
|  |                |    |                                    |       |        |                                      |
|  |                |    |                                    |       |        |                                      |

3. Education (cont.)

List courses taken that are specifically related to hazardous materials management:

---

4. Accomplishments – List any outstanding achievements, such as: scholarships, research grants, publications, awards, honors, professional activities:

---

5. Current Membership in Professional Organizations (including student memberships)

| Organization | Complete Address | Membership Class or Designation |
|--------------|------------------|---------------------------------|
|              |                  |                                 |
|              |                  |                                 |
|              |                  |                                 |
|              |                  |                                 |

6. Have you ever been convicted of a felony or forfeited collateral for a felony conviction? YES  NO

If YES, give details including date, location, and an explanation of each violation. (Attach additional sheet(s) if needed).

My signature attests to the truthfulness of the information submitted, permits verification by IHMM, and frees IHMM of liability should my application be rejected on the basis of investigation of my qualifications.

► Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ENCLOSE FEES:** The application fee (in U.S. funds) must accompany the completed application. Use the credit card charge form on page 3 or enclose a check with this application and mail to the address on page 1. THE APPLICATION FEE IS NOT REFUNDABLE.

## APPLICATION INSTRUCTIONS

Applications must be received **six weeks** before you anticipate taking the test. The application fee must accompany this application; official college transcripts may follow later.

Candidates will be notified by mail of their results within four weeks after the examination. *Passing this examination does not confer the CHMM credential.* The Hazardous Materials Manager-in-Training is a non-certified designation which recognizes the accomplishments of young professionals who are entering the field of hazardous materials management.

- Supply all required information on this form. Attachments may be included as back-up, *but not as a substitute* for completing this form. Sheets may be attached for additional information, or where the form provides insufficient space.
- Please type or print legibly.
- You **must** answer question 6 and sign the application at the bottom of page 2. If not, your application will be returned.
- Enclose or have forwarded:           ♦Official college transcript(s)           ♦Detailed job description(s), if any
- All candidates are evaluated objectively without regard to age, sex, race, religion, national origin, or marital status.

---

*To charge your payment, please complete this form:*

I authorize the **INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT** to charge my

Application and exam fees (\$ 50.00 )            1 book @ \$89 + \$7 S/H

Visa    MasterCard    American Express   (We do NOT accept Discover)

Account No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_