



Fairfield County
 Special Operations Team
 240 Baldwin Dr.
 Lancaster, OH 43130



Application for Fairfield County Special Operations Team

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Cell Phone: _____ Carrier: _____ DOB: _____

E-Mail Address: _____

Department name: _____

1. Fire Certification level: _____

2. EMS Certification level: _____

I am interested in: Hazmat Dive/Water Rescue

Do you have a current physical maintained by your employer? Yes No

Please attach/submit copies of certifications or training.

Applicant Signature: _____

Department Required Authorization

This letter is to indicate that the above listed fire department will make the applicant listed above, available upon mutual aid request (a Special Operations Team incident/function/training) at his or her availability. While performing these duties, the listed fire department will retain Workers Compensation Coverage for said member. If the resource is no longer covered under your Workers Compensation coverage, please contact the FCSOT or EMA office. Signing below gives consent, and your recommendation to the applicant to participate in this program, and therefore extend Workers Compensation Coverage to that member during SOT functions.

Fire Chief Signature: _____

Mail completed application and copies of certifications to above address or email

emasot@fairfieldcountyohio.gov