

North Dakota Bomb Squad Association
NDPOA Special Operations Committee Certification Verification

Bomb Squad Name and Contact Information:

FBI Identifier Number: _____

Bomb Squad Members:

HDS Certification Expiration

**Total Number of Training
Hours Completed Last Year**

Bomb Squad Members:	HDS Certification Expiration	Total Number of Training Hours Completed Last Year
Commander: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use back of form for additional personnel)

Required Bomb Technician Safety Equipment: (Check each item that is in inventory)

Full Coverage Bomb Suit _____ Portable Bomb Disposal X-Ray System _____
Disrupter/Dearmor _____ Demolition Tools _____
(To include galvonmeter, blasting wire, firing wire, and explosives)
Hand Tools _____

Number of Hours of Explosives/Demolitions Training Last Year as a Team: _____

I certify that the above information is true and accurate. I understand that if all of the North Dakota Bomb Squad Association criteria for a certified Bomb Squad are not met then my Bomb Squad will not be eligible to receive reimbursement funds from the NDPOA Special Operations Committee.

Bomb Squad Commander Signature

Date _____

(05/01/08)