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
Commander:  ___________________  __________________________  _________________________

_______________________________________  __________________________  _________________________

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(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/Dearmer  ______________  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)