_____, Plant Manager
_____ LLC
Post Office Box ____
____, Louisiana 7____

RE: Certification of Capabilities for Emergency Response at
_____ (name of facility)
_____ Parish

Dear Mr. _____:

This is to certify that the _____ Fire Department has the capability to respond to an emergency incident at the _____ facility in _____, Louisiana.

Firefighters in our Department have a minimum of 24 hours initial hazardous materials response training, and meet the qualifications of: (check all that apply)

_____Fire Fighter I under NFPA Standard 1001, Standard for Fire Fighter Professional Qualifications.

_____Operations Level Responder under NFPA Standard 472, Competence of Responders to Hazardous Materials / Weapons of Mass Destruction Incidents.

Sincerely,

_____, Chief

Dated _____, 20____