

DIVISION OF EMERGENCY MANAGEMENT

Ron DeSantis
Governor

Jared Moskowitz
Director

State All-Hazards Incident Management Team Application

Questions? Please visit https://www.floridadisaster.org/state_imt

Section 1: General Information

Name (Last, First, Middle)		
Agency		
Bureau/Section		
Current Position/Title		
Physical Work Address		
Primary Phone Number		
Alternate Phone Number		
Email Address		
1		
Are you interested in deploying as pa a single resource for	of the All-Hazards Incident e Florida Division of Emerg	
AHIMT Member:	Single Resource:	Both:
Complete Section 2	Complete Section 3	Complete Section 2 and 3
Please check the	ositions you are interested i	n applying for:
Incident Commander		Unit Leader
Public Information Officer		Unit Leader
Liaison Officer	Supply Ur	
Safety Officer		Unit Leader
Operations Section Chief		cations Unit Leader
Planning Section Chief	Finance/Admin Unit Leader	
Logistics Section Chief	 	Specialist (GIS, Meteorology, etc.)
Finance/Admin Section Ch	Other – pl	ease identify position below:
Division/Group Supervisor	other pr	ease racinary position serow.
Are you or have you been qualified in AHIMT Position by a certifying body	n Yes	s No
If yes, which position(s) and by whor		,

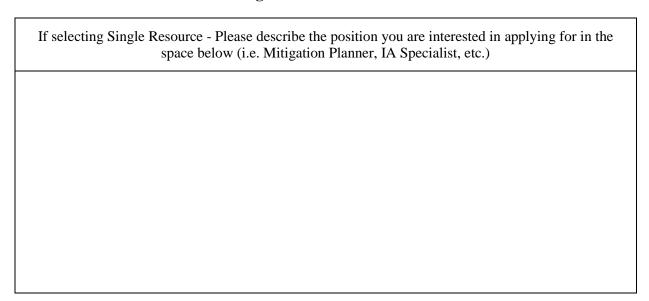
Telephone: 850-815-4000

www.FloridaDisaster.org

2555 Shumard Oak Boulevard Tallahassee, FL 32399-2100 2702 Directors Row Orlando, FL 32809-5631

Are you currently affiliated with an established AHIMT?	Yes	No
If yes, identify the team:		
Do you have an open Position Specific Task Book?	Yes	No
If yes, which position(s) and by whom?		

Section 3: Single Resource Position Information



Section 4: Training Information - Please attach **SERT Trac** Transcript

Please indicate completed ICS training courses			
IS: 100 Introduction to ICS	IS: 800 NRF, an Introduction		
IS: 200 ICS for Single Resources ICS 300 Intermediate ICS			
IS: 700 NIMS, an Introduction	ICS 400 Advanced ICS		
G-191 ICS/EOC Interface			

Please indicate completed All-Haza	ards Position Specific training courses
L-950: Incident Commander	L-965: Resource Unit Leader
L-952: Public Information Officer	L-964: Situation Unit Leader
L-954: Safety Officer	L-970: Supply Unit Leader
L-958: Operations Section Chief	L-971: Facilities Unit Leader
L-962: Planning Section Chief	L-969: Communications Unit Leader
L-967: Logistics Section Chief	L-975: Finance/Admin Unit Leader
L-973: Finance/Admin Chief	0-305: AHIMT Course
L-960: Division/Group Supervisor	

Please indicate any tra	inings related to the position you a	are interested in applying f	for in the space below:
considered enforceme	Supervisor and Management Expent of policy and procedures and dision or management of people an	oversight. Management in	
Addictional Engage	Manager of Earth 1 Edward 2	and Tradicion (FEMA) FEM	
University, College, T	Management Formal Education a dechnical School, etc.)	and Training (FEMA, FEI	PA, IAEM,
School/Certifying Agency	Major, Course Topic, Training	Years/Hours Attended	Diploma and Certification

Section 5: Relevant Experience/Deployment History

Provide a list of incidents, Homeland Security Exercise and Evaluation Program (HSEEP) evaluated exercises, and events that you have been assigned to, as well as position(s) filled.

Note: Back up documentation to qualify existing experience may be requested. Examples include but are not limited to IAP/EAPs, ICS 225, etc.

Name of Incident, Exercise or Event	Position Filled	Dates and Description

Deployment Requirements

Ability to deploy on short notice if requested	
Valid Driver's License	

Section 6: Endorsements

Applicant Signature

I certify that the information recorded on this application is accurate and true to the best of my knowledge. I agree to comply with personnel and safety requirements as identified by the State of Florida and the Florida Division of Emergency Management. I acknowledge that knowingly providing false information; or an inability to perform the services described in this application may result in my application being disqualified.

Name	Email	
Primary Number	Alternate Number	
Signature	Date	

Supervisor Signature

I give authorization for this applicant to support in their desired capacity. To include but not limited to attendance of related training, meetings, scheduled exercise, drills and deployments in support of the State of Florida or other states through Emergency Management Assistance Compact (EMAC). I understand that the individual may be requested to deploy to help communities during times of disaster on short notice. I also understand that enrolling in this process does not require my employee to be deployed unless approved by my authorized representatives.

Supervisor Name	Email Address	
Primary Number	Alternate Number	
Signature	Date	

Bureau Chief Signature

I give authorization for this applicant to support in their desired capacity. To include but not limited to attendance of related training, meetings, scheduled exercise, drills and deployments in support of the State of Florida or other states through EMAC. I understand that the individual may be requested to deploy to help communities during times of disaster on short notice. I also understand that enrolling in this process does not require my employee to be deployed unless approved by my authorized representatives.

Bureau Chief Name	Email Address	
Primary Number	Alternate Number	
Signature	Date	

FOR OFFICIAL USE ONLY - State AHIMT Position Designation			
Position Designation	Fully Qualified	Provisionally	Trainee

Team Incident Commander (or Designee)	Signature and Date