



STATE OF FLORIDA

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	

Are you interested in deploying as part of the All-Hazards Incident Management Team (AHIMT) or as a single resource for the Florida Division of Emergency Management?

<input type="checkbox"/>	AHIMT Member: Complete Section 2	<input type="checkbox"/>	Single Resource: Complete Section 3	<input type="checkbox"/>	Both: Complete Section 2 and 3
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Section 2: Position Information

Please check the positions you are interested in applying for:

<input type="checkbox"/>	Incident Commander	<input type="checkbox"/>	Resource Unit Leader
<input type="checkbox"/>	Public Information Officer	<input type="checkbox"/>	Situation Unit Leader
<input type="checkbox"/>	Liaison Officer	<input type="checkbox"/>	Supply Unit Leader
<input type="checkbox"/>	Safety Officer	<input type="checkbox"/>	Facilities Unit Leader
<input type="checkbox"/>	Operations Section Chief	<input type="checkbox"/>	Communications Unit Leader
<input type="checkbox"/>	Planning Section Chief	<input type="checkbox"/>	Finance/Admin Unit Leader
<input type="checkbox"/>	Logistics Section Chief	<input type="checkbox"/>	Technical Specialist (GIS, Meteorology, etc.)
<input type="checkbox"/>	Finance/Admin Section Chief	<input type="checkbox"/>	Other – please identify position below:
<input type="checkbox"/>	Division/Group Supervisor		

Are you or have you been qualified in an AHIMT Position by a certifying body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which position(s) and by whom?		

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

If selecting Single Resource - Please describe the position you are interested in applying for in the space below (i.e. Mitigation Planner, IA Specialist, etc.)

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-Hazards 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 trainings related to the position you are interested in applying for in the space below:

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Please indicate any Supervisor and Management Experience in the space below: (Supervision is considered enforcement of policy and procedures and oversight. Management involves policymaking, discipline, and supervision or management of people and programs)

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Additional Emergency Management Formal Education and Training (FEMA, FEPA, IAEM, University, College, Technical School, etc.)

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