

Florida All-Hazards Incident Management Team Regional Team Application

Section 1: General Information

Name (Last, First, Middle)	
Employer (Agency/Department)	
Professional Title/Rank	
Physical Work Address	
Primary Phone Number	
Alternate Phone Number	
Email Address	

Are you qualified in an AHIMT Position by a recognized certifying body (e.g., Florida or NWCG)?	Yes	No
If yes, which position(s) and by whom?		

Are you currently affiliated with an established IMT?	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?		

Can you deploy on short notice, if requested?	Yes	No
Do you have valid Florida Driver's License?	Yes	No

Section 2: AHIMT Position Information

Please check the position(s) in which you would like to serve:	
Incident Commander	Resource Unit Leader
Public Information Officer	Situation Unit Leader
Liaison Officer	Supply Unit Leader
Safety Officer	Facilities Unit Leader
Operations Section Chief	Communications Unit Leader
Planning Section Chief	Finance/Admin Unit Leader
Logistics Section Chief	Technical Specialist (GIS, Meteorology, etc.)
Finance/Admin Section Chief	Strike Team / Task Force Leader
Division/Group Supervisor	Other – please identify position(s) below:

Section 3: Single Resource Position Information

If you would like to be deployed as a Single Resource, please describe the position you are interested in applying for in the space below (e.g., Mitigation Planner, IA Specialist, etc.)

Section 4: Training Information

Please indicate completed ICS training courses	
IS-100 Introduction to ICS	ICS-300 Intermediate ICS
IS-200 ICS for Single Resources	ICS-400 Advanced ICS
IS-700 NIMS, an Introduction	IS-701 NIMS MACS
IS-800 NRF, an Introduction	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	L-984: Strike Team / Task Force Leader
L-960: Division/Group Supervisor	O-305: AHIMT Course

Please indicate any trainings related to the position you are interested in applying for in the space below.

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).

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 or 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

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. 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	
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 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	
Primary Number		Alternate Number	
Signature		Date	

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

Team Incident Commander (or Designee)

Signature and Date