

Qualification Application

Trainee

Qualification

Re-Qualification

Additional Documentation

POSITION FOR WHICH YOU ARE (HAVE) APPLYING (APPLIED) FOR _____

(Note: Separate applications must be submitted for each position applied for)

NAME _____

AGENCY _____

AHIMT _____ DDC District _____

ADDRESS _____

CITY _____ State _____ Zip Code _____

PHONE NUMBER _____ CELL PHONE _____

E-MAIL ADDRESS _____

RANK AND/OR WORKING TITLE _____

APPLICANT'S SIGNATURE

DATE

I verify that the applicant meets all the certification and qualification requirements, as stated in the applicable Texas Type 3 All-Hazard Incident Management Team (AHIMT) Incident Qualification System (IQS).

VERIFYING OFFICIAL AND TITLE - Team Leader or Team Training Specialist

DATE

Comments: