



## LINCOLN COUNTY MAINE OFFICE OF EMERGENCY MANAGEMENT I.D. QUALIFICATION FORM FOR IMAT TEAM

Last Name	First:	MI	Date of Birth:
Home Address			Name of Department or Team:
			Title:
City	County	State	Normal Occupation:
Phone Numbers:			Email address:
Cell:		Home:	
		Work:	
Contact Person:			Allergies:
Phone Number(s)			Medical History:
<b>QUALIFICATION</b>			<b>DATE OF LAST CERTIFICATION</b>
Hazardous Materials Certification			Date:
			Level:
ICS-100			Date:
ICS-200			Date:
ICS-300			Date:
ICS-400			Date:
ICS-700			Date:
ICS-800			Date:
Emergency Medical Technician (EMT)			Date:
<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic		EMS License #:	
Mass Casualty			Date:
WMD			Date:
All Hazard Disaster Mgmt.			Date:
Is current full or part-time member of a municipal, county, or state first response agency or emergency management with at least 3 years of experience in a supervisory position			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has served as Incident Commander or in a Command Staff or General Staff position in an incident that went beyond one operations period or required a written IAP, and have specialized knowledge and experience, such as HazMat, WMD First Response, MCI Management or All-Hazard Management.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has participated in annual exercises and drills as required by MEMA			<input type="checkbox"/> Yes <input type="checkbox"/> No

Chief or Authorized Representative: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_