



**LINCOLN COUNTY MAINE
OFFICE OF EMERGENCY MANAGEMENT
I.D. QUALIFICATION FORM FOR
LOCAL EMA DIRECTORS**

Last Name	First	MI	Date of Birth:
Home Address:			Community:
City	County	State	Occupation:
Phone Numbers: Home: Cell:			Email address:
Work:			
Contact Person:			Allergies:
Phone Number(s)			Medical History:
QUALIFICATION			DATE OF LAST CERTIFICATION
Certified Emergency Manager: _____ Yes _____ No			Date:
Incident Command System (ICS) __ Basic __ Intermediate __ Advanced <i>Basic: 100, 700, 800</i> <i>Intermediate: 100, 300, 700, 800</i> <i>Advanced: 100, 300, 400, 700, 800</i>			Date:
Hair Color:			Eye Color:
Height:			Weight:

LC EMA Director/Deputy Director: _____

(Signature)

Date: _____