

COLORADO ALL HAZARDS APPLICATION REQUIREMENTS

Incident Command System (ICS) Position Specific Train the Trainer Class 2009-2010

Salutation	First Name	Middle Initial	Last Name
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>			
Job Title(s)			
Course Number	Course Name	Course Dates	City/EMI
Are you a NIMS or ICS instructor already?	Circle: Yes No		
County		State All Hazards Region	
Organization/Agency		Department	
Day Time Phone Number		Extension	
Fax Number		Email	
Address 1			
Address 2			
City		State	Zip Code + 4
Applicant Signature		Date	
<p style="text-align: center;">I hereby certify that the information and prerequisites provided on this form are accurately described and correct. I am aware that I may be required to teach all the ICS classes and the classes that work under the section that I have applied for. I agree I will assist the State of Colorado in delivering the classes throughout the state and FEMA Region VIII, as necessary.</p>			
Director /Supervisor Signature		Date	
		Phone	
State Coordinator Approval		Date	
Comments/Remarks:			

Please return completed application and supporting documentation to:

**Colorado Division of Emergency Management
Attention: Robyn Knappe
9195 E. Mineral Avenue, Suite 200
Centennial, Colorado 80112
Fax: 720-852-6750**

**This class is co-sponsored by the Colorado Division of Fire Safety
and the Colorado Division of Emergency Management.
For more information call or e-mail either, Robyn Knappe robyn.knappe@state.co.us 720-852-6617 or
Theresa Staples Theresa.staples@cdps.state.co.us 720-852-6740.**

Applications will be screened and evaluated before forwarding to FEMA Region VIII and EMI.