

Applicant Name _____

MISSOURI TYPE 3 INCIDENT SUPPORT TEAM

APPLICATION PACKET

IST GENERALIST

Submit completed application to:

Missouri Division of Fire Safety

PO Box 844

Jefferson City, MO 65102



QUALIFICATION CHECKLIST

Team member: _____

Incident Support Team: _____

Authority Having Jurisdiction to initial as completed:

_____ IS-700 National Incident Management System (NIMS) – An Introduction

_____ IS-800 National Response Framework (NRF) – An Introduction

_____ ICS-100 Introduction to Incident Command

_____ ICS-200 ICS for Single Resources or Initial Action Incidents

_____ ICS-300 Intermediate ICS

_____ ICS-400 Advanced ICS

_____ Hazardous Materials Awareness

_____ All Hazards Incident Management O305 USFA ***or***

Equivalent training (Name, date and location of course):

_____ Enclosed copies of class completion certificates

I, _____, confirm that the above named individual has completed the qualifications above and can produce supporting documentation as to such. I recommend this individual receive a Missouri State Credential as a qualified member of _____ Incident Support Team.

(Signature of Team Leader/SPONSORING ORGANIZATION)

Team Member Information:

Name _____

Address _____

Phone Number _____

Email _____

Team Leader/SPONSORING ORGANIZATION Information:

Name _____

Team/Agency Name _____

Team/Agency Address _____

Phone Number _____

Email _____

FOR OFFICE USE ONLY

Date received _____ Complete documentation received? Yes No

If no, components missing: _____