



**APPLICATION FORM**

Initial

Recertification

Reciprocity

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

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

NAME \_\_\_\_\_

Last 4 social Security numbers \_\_\_\_\_

AGENCY \_\_\_\_\_ EM REGION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

RANK AND/OR WORKING TITLE \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

I verify that the applicant has Agency approval to participate on AHIMT dispatches.

\_\_\_\_\_  
VERIFYING OFFICIAL AND TITLE

\_\_\_\_\_  
DATE

**FOR INITIAL CERTIFICATION**

I verify that the applicant has met the minimum requirements of the AHIMT Qualification System Guidelines

\_\_\_\_\_  
NCEM BRANCH MANAGER

\_\_\_\_\_  
DATE

**RECIPROCITY ONLY**

I verify that the applicant is qualified at the requested ICS position according to the requirements of the previous State/Organization's All-Hazard Incident Management Team (AHIMT) Qualification System Guide.

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VERIFYING OFFICIAL AND TITLE

DATE

\*This application is only to be used for individuals wishing and able to be deployed on a Statewide basis. Assignments to incidents may be up to 2 weeks in length.\*

\*\*If you have not already created a TERMS Profile, please do so at this time at <http://terms.ncem.org/TRS/logon.do> \*\*

Send completed application packet to:

Eastern Branch Office:  
3802B Highway 58 North  
Kinston, NC 28502  
dianne.curtis@ncdps.gov

Central Branch Office:  
401 Central Ave.  
Butner NC 27509  
dennis.hancock@ncdps.gov

Western Branch Office:  
3305-15 16th Ave SE  
Conover, NC 28613  
greg.atchley@ncdps.gov