

**COMMONWEALTH OF VIRGINIA, DEPARTMENT OF EMERGENCY MANAGEMENT  
SEARCH AND RESCUE PROGRAM  
APPLICATION FOR INCIDENT COMMANDER - GROUND I**

DRAFT

Name:	Date	
Mailing Address:		
City:	State:	Zip:

- ' SAR Organization: \_\_\_\_\_ Years Affiliated: \_\_\_\_\_
  - ' Field Leadership Position: (please check one) ' FTL ' Dog Handler ' Mounted ' Other \_\_\_\_\_
  - ' MSO Course: Year taken: \_\_\_\_\_ Location taken: \_\_\_\_\_ Equivalent Course: \_\_\_\_\_
  - ' PSO Course: Year taken: \_\_\_\_\_ Location taken: \_\_\_\_\_ Equivalent Course: \_\_\_\_\_
  - ' ICG Course: Year taken: \_\_\_\_\_ Location taken: \_\_\_\_\_ Equivalent Course: \_\_\_\_\_
  - ' IS-195 Course ' IS-1 ' IS-2 ' IS-5 ' IS-275 ' Basic PIO ' Inland SAR School
  - ' ICG-II: Year granted: \_\_\_\_\_
- (please attach certificates)

- ' **Mission Log:** Please attach a copy of your mission log, including search date, search location, position(s) held, number of shifts, actual mission or simulation, and name of supervisor.
- ' Field Team Leader or equivalent on six (6) tasks.
- ' 10 type II incidents in the Incident Commander function (no simulations)
- ' Incident Staff role on one (1) type I incident (no simulations)

I hereby certify that all the information provided by me is correct.

\_\_\_\_\_ Signature of Applicant

I hereby certify that the applicant is an active member in good standing, that all the information is correct to the best of my knowledge, and that as the group training officer I recommend the applicant for the position of ICG-I.

\_\_\_\_\_ Signature of Group Training Officer

I hereby certify that the applicant is recommended for the position of ICG-I by our SAR team.

\_\_\_\_\_ Signature of Group Leader

**AGENCY USE ONLY**

Date Received: \_\_\_\_\_ Application Approved: \_\_\_\_\_

Public Comment Notice issued: \_\_\_\_\_

Certificate issue date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_