

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

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| 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 (please attach certificates)
- ' ICG-III Year granted: _____

- ' **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.
 - ' at least 2 shifts as Operations Chief on type II incidents
 - ' at least 2 shifts as Plans Section Chief on type II incidents
 - ' Total of at least 6 shifts as an incident staff person in Operations, Plans, or Command on type II incident.
- ' **Letters of Evaluation:** Please attach 2 letters of evaluation from supervisor, IC, or responsible agent from the six incidents used to satisfy the base position requirement.

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-II.

_____ Signature of Group Training Officer

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

_____ Signature of Group Leader

AGENCY USE ONLY

Date Received: _____ Application Approved: _____

Public Comment Notice issued: _____

Certificate issue date: _____ Expiration Date: _____

DRAFT

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