

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

Name:	Date	Phone:
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: _____

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.
- ' Base position in operations or plans on at least four (4) incidents.

' **Letters of Evaluation:** Please attach four (4) letters of evaluation from supervisor or IC of the four incidents used to satisfy the base position requirement.

I hereby certify that all the information I have provided 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-III.
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_____ Signature of Group Training Officer
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I hereby certify that the applicant is recommended for the position of ICG-III by our SAR team.

_____ Signature of Group Leader

AGENCY USE ONLY

Date Received: _____ Application Approved: _____

Certificate issue date: _____ Expiration Date: _____