

STATE OF MAINE
Emergency Response Team Member
Qualification Form

Last Name	First Name	MI	Name of Team:
Home Address			Location:
City	County	State	Normal Occupation:
Home Phone Number:			Date of Birth:

Qualifications:

Date of Last Certification:

Hazardous Materials Awareness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Hazardous Materials Operations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Hazardous Materials Technician: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
WMD Awareness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
WMD Operations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
WMD Technician: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Emergency Medical Technician (EMT): <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic	Date:
Incident Command System (ICS): <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Date:
Community Emergency Response Team (CERT): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Search and Rescue (SAR):	
Basic Ground Search: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
K-9: <input type="checkbox"/> Air Sent <input type="checkbox"/> Basic Tracking	Date:
Dive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
High Angle Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Confined Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Swift Water Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Technical Rope Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

Chief or Authorized Representative: _____
(Signature)

Date: _____