

INCIDENT MANAGEMENT



Phone: (609) 777-3552
 Fax: (609) 341-3469

Certification Application Office of Training & Certification

1. Social Security Number: _____ - _____ - _____

Certification Number: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Telephones: Home: _____

Work and Cell: _____

Email: _____

For Official Use Only	
Received:	_____
Problem: Returned	_____
Received	_____
Date Approved:	_____
Approved By:	_____

Please attach a photocopy of course completion certificates and/or other documents which verify that you satisfy the certification requirements identified for Incident Management Level 1, 2 or 3 Certification. You may use this form to apply for all three certifications at one time.

Please follow the Application Form Instructions on the back of this page. An incomplete application package will result in the application package being returned to you, and will cause delays in processing of the application.

3. Applying for:

Level 1

Level 2

Level 3

Incident Management Certification Requirements:

Level 1: a. Three years experience as a firefighter;
 b. Certified as Firefighter 1 issued by the Division of Fire Safety;
 c. Certificate of completion of the Basic Incident Command System I-200 as outlined in N.J.A.C. 5:73-6.1(b)3.

Level 2: a. Possess a certification for Incident Management Level 1 issued by the Division of Fire Safety in accordance with N.J.A.C. 5:73-6.1;
 b. Certificate of completion of the Intermediate Incident Command System I-300 as outlined in N.J.A.C. 5:73:6.1(c)2.

Level 3: a. Possess a certification for Incident Management Level 2 issued by the Division of Fire Safety in accordance with N.J.A.C. 5:73-6.1;
 b. Certificate of completion of the Advanced Incident Command System I-400 as outlined in N.J.A.C. 5:73-6.1(d)2.

Note 1: The applicant must show completion of an IS-700 (NIMS An Introduction) training program.
Note 2: The I-200, I-300 and I-400 programs used for credentialing must be classroom delivered.

4. Application Fee: No fee is required. Effective October 20, 2003 application fees associated with the certification titles provided on this form have been eliminated.

5. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant's Signature: _____

Date: _____

INCIDENT MANAGEMENT APPLICATION FORM INSTRUCTIONS

Please type or print clearly on the application form.
Certification will not be issued unless documentation is received and validated.

Section

1. Enter your Social Security Number (SSN) and six digit Firefighter Identification Number (FFID) if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.
2. Provide your name, home address, contact phone numbers and email address.
Note: Do not use your fire department address.
3. Incident management certification requirements are found in N.J.A.C. 5:73-6.1. Please note that the I-200, I-300 and I-400 programs used for credentialing must be classroom delivered. On-line programs submitted will NOT be accepted.

Level 1

- a. Attach a **letter** (on fire department letter head) signed by the fire chief or training officer that you have at least three years as a firefighter. Determination of firefighting experience shall start from the completion date of the State Firefighter 1 training program or from the issuance date of the State Firefighter 1 certification.
- b. Attach a photocopy of your **Firefighter 1** certification issued by the Division of Fire Safety.
- c. Provide a copy of your **Basic Incident Command System I-200** course completion certificate.
- d. Provide a copy of your **IS-700** (NIMS An Introduction) course completion certificate.

Permissible course substitutions for the National Wildfire Coordinating Group **Basic Command System I-200** course are listed below. Note: If you use one of the permissible substitutions you must enclose proof that you have completed **both** an **I-100** and **IS-700** training program (supply a letter from your fire department or attach the I-100 and IS-700 course completion certificates).

- * National Fire Academy Incident Command System
- * National Fire Academy Incident Command System & Structural Firefighting
- * National Fire Academy Command & Control of Fire Department Multi-Alarm Incidents
(or Major Operations) R308
- * National Fire Academy Command & Control of Major Fire Department Operations at Target Hazards R314
- * National Wildfire Coordinating Group Incident Command System I-120
- * National Wildfire Coordinating Group Incident Command System I-220
- * National Fire Protection Association's Fire Ground Commander
- * FIRESCOPE Incident Command System
- * NJ State Police Incident Command System
- * NY State Fire Academy Incident Command System

Level 2

- a. Attach a photocopy of your **Incident Management Level 1 Certification**.
- b. Provide a copy of your **Intermediate Incident Management System I-300** course completion certificate.
- c. Provide a copy of your **IS-700** (NIMS An Introduction) course completion certificate.

Level 3

- a. Attach a photocopy of your **Incident Management Level 2 Certification**.
- b. Provide a copy of your **Advanced Incident Management System I-400** course completion certificate.
- c. Provide a copy of your **IS-700** (NIMS An Introduction) course completion certificate.

4. No fee is required.

- 5.

Questions may be directed to our staff,
Monday through Friday, 8:30 A.M to 4:30 P.M.

Phone: (609) 777-3552 Fax: (609) 341-3469

**Attn: Incident Management Certification
Office of Training & Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809**