



State of Alaska (SOA)

Draft

Type 3 All-Hazards Nomination Request Form

Submit this form along with the completed State of Alaska Type 3 All-Hazards Position Task Book, Evaluation Records, and Final Evaluator’s Verification when a disaster emergency responder has completed all the requirements and is eligible to receive a Type 3 All-Hazards Certification.

Name: \_\_\_\_\_ NIMS ICS Title: \_\_\_\_\_

Home Unit/Agency: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Home Unit Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I certify this individual has successfully performed and demonstrated all the competencies, behaviors, and tasks listed in the “Type 3 All-Hazards Position Task Book Assessment and Guide” for this position.

I further certify:

- 1. This individual’s emergency management experience includes a minimum of three (3) events.
2. The three (3) emergency management events have occurred within a five (5) year period.
3. All qualifying events have been completed within a five (5) year period with no more than three (3) years between each event.

Official’s Name: \_\_\_\_\_ Official’s Title: \_\_\_\_\_

Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Alaska Intrastate Mutual Aid System (AIMAS) Qualifications Subcommittee

- I approve this individual to receive a Type 3 All-Hazards certification for the above listed position endorsed by the AIMAS Qualifications Subcommittee.
I disapprove this individual to receive a Type 3 All-Hazards certification for the above listed position. Reason: \_\_\_\_\_

AIMAS Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- A copy of this signed form and the certification, if applicable, will be issued to the individual.
This original signed copy and a copy of the certification, if applicable, will be filed at the Division of Homeland Security and Emergency Management (DHS&EM).