



Federal Emergency Management Agency
URBAN SEARCH AND RESCUE TASK FORCE (MA-TF1)
43 Airport Road, Beverly, MA 01915
Telephone: (978) 922-5680
FAX: (978) 921-6074



January 1, 2018

Dear Task Force Applicant,

Along with your signed application, please be sure that you are including all of the required forms (signed when necessary) listed below. **Please do not use staples.** Please use this letter as a checklist and include with your application:

- | | |
|--|---|
| <input type="checkbox"/> Resume | <input type="checkbox"/> Activation Reimbursement |
| <input type="checkbox"/> OF 612 | <input type="checkbox"/> Respiratory Medical Evaluation Questionnaire |
| <input type="checkbox"/> Commitment Declaration | <input type="checkbox"/> Medical History Form (including physician's portion) |
| <input type="checkbox"/> MOU | <input type="checkbox"/> Beneficiary Form |
| <input type="checkbox"/> Personal Service Agreement | <input type="checkbox"/> Policy Handbook Acknowledgement |
| <input type="checkbox"/> Responder Information Sheet | <input type="checkbox"/> W9 Member & Employer |
| <input type="checkbox"/> CORI | <input type="checkbox"/> Data Transmittal Sheet |

Include a photocopy of the following licenses/training (**one document per page**):

- Driver's License, Required
- CPR, Required
- EMT/MD/RN/DEA Card(s)/Certificate(s), if you have it; required if applicable to position
- Engineering Certification (Structural Specialists only)
- Passport (Desirable, not required)
- ICS 100, 200, 700, 800, Ethics (on-line link on our website), **Required**
- WMD/AWR-160: WMD Terrorism Awareness for Emergency Responders
- Photocopy of any additional license, certifications, or training certificates applicable to position applying for. Please copy all licenses/cards on separate pages.

Official documentation (**dates required**) of the following required inoculations:

- Tetanus (must be within past 10 years)
- MMR (or titer date and results)
- Hepatitis A – 2 shot series (or titer date and results)
- Hepatitis B – 3 shot series (or titer date and results)
- Polio (or titer date and results)

NAME _____