

STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

Division of Emergency Management 5636 East McDowell Road Phoenix, Arizona 85008-3495 (602) 464-6264 training@azdema.gov



Incident Command Instructor Application

Applicant Information	
First Name:	Last Name:
Incident Command Courses	
You are applying to teach the following classes based on your experience.	
G300: Intermediate Incident Command	 G402: Incident Command System for Executives
 G400: Advanced Incident Command 	G2300: Intermediate Emergency Operations Center Functions
 G191: Incident Command System/Emergency Operations Center (ICS/EOC) Interface 	 Other Independent Study or classroom ICS, NIMS, or EOC program as identified by DEMA
Required Documentation	
Please include select the courses you are attaching a certificate of completion for. At minimum, include G300, G400, and G191 certificates of completion. Only choose one option to provide documentation for in Section Two. Incomplete applications will be returned.	
Section One - Completion Certificates	
G300: Intermediate Incident Command – dated May of 2019 or later	
G400: Advanced Incident Command – dated May of 2019 or later	
G191: Incident Command System/Emergency Operations Center Interface – dated May of 2019 or later	
G2300: Intermediate Emergency Operations Center Functions (required for G2300 only)	
E/L/K449 OR MGT906 – Incident Command System Train-the-Trainer (if completed)	
Section Two – Incident Command Credential: (must show at least 3 years of position experience)	
ICS 203 or other documentation from an IAP showing your position in incidents or events (Command/General Staff) -or-	
Letter of Recommendation – should include information about your position in incidents or events (Command/General Staff) -or-	
Incident Qualifications Card (Red Card) or Arizona showing your position in the incidents or events (Co	Qualification System (Gold Card) PLUS Deployment records ommand or General Staff)
By signing below, I acknowledge that I have read, understand that my information (name, email, phone, instructor qualification are correct and that I will abide by the DEMA/EM Training Standards .	
Applicant-Signature:	Date:
Supervisor/Incident Commander Signature: (unless retired)	Date: