



Ohio Telecommunicators Emergency Response Taskforce Application

Date: _____

Name: _____
Last Name *First Name* *Middle Initial*

Title/Position: _____

Agency: _____

Address: _____
Street *City* *State* *Zip Code*

Phone: _____ Email: _____

Certifications / Requirements	Year / Date
Minimum 2 years full time dispatching	
Background check (BCI/FBI)	
CJIS Level 4 (or higher)	
NIMS 100, 200, and 700 (For TERT basic awareness)	
TERT Basic Awareness Course	
TERT Team Leader Course (If applicable)	
NIMS 100, 200, 700, 800, and 1200 (For team leaders)	
Hazmat Awareness Training	
Valid Driver's License	

Additional Certifications:

Include a letter of recommendation from a supervisor

"I certify I have met the minimum qualifications required to become an OH-TERT member."

Signature of Applicant: _____ Date: _____

Member Recommendation

To be completed by a Supervisor, Manager, or Administrator

Supervisor Name: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

The above applicant has completed the following requirements:

(Initial)

Minimum 2 years full time dispatching	
Background check (BCI/FBI)	
CJIS Level 4	
NIMS 100, 200, and 700 (For TERT basic awareness)	
TERT Basic Awareness Course	
TERT Team Leader Course (If applicable)	
NIMS 100, 200, 700, 800, and 1200 (For team leaders)	
Hazmat Awareness Training	
Valid Driver's License	
Letter of recommendation	

Signature of Supervisor: _____ Date: _____

Applications can be mailed or emailed.

Mail:

Email: