

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**GENERAL ADMISSIONS APPLICATION**

O.M.B. Control No. 1660-0100  
Expires 08/31/2023

**FOR AGENCY USE ONLY**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.**

**PRIVACY ACT STATEMENT**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to FEMA training. **AUTHORITY** - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq.; 6 U.S.C. Section 763a; Title 44 U.S.C., Section 3101; Executive Orders 12127 and 12148; Title VII of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973; Section 1204 (c) of the Implementing Recommendations of the 9/11 Commission Act of 2007. Public Law 110-53, 121 Stat. 266 (codified at 6 U.S.C. §1102). **PURPOSE** - To determine eligibility for participation in FEMA training. Demographic data is used for statistical purposes only. **USES** - FEMA may release information to: FEMA training agency staff and partners to analyze application and enrollment patterns; a physician providing medical assistance to students during training; Board of Visitors members to evaluate programmatic statistics; State, local, tribal agencies to provide FEMA training statistics; Members of Congress; and FEMA training program contractors. **EFFECTS OF NONDISCLOSURE** - Though voluntary, failure to provide personal information on this form may delay application processing and course completion certification.

**SECTION 1 - GENERAL INFORMATION**

|  |         |  |  |
|--|---------|--|--|
| 1. U.S. Citizen <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PERMANENT RESIDENT If No, City and Country of Birth: _____  |         |  |  |
| 2. NAME as shown on valid ID (Last, First, Middle Initial, Suffix)   |         | 3. FEMA STUDENT IDENTIFICATION (SID) NUMBER                          |  |
| 4. HOME MAILING ADDRESS (street, avenue road #, P.O. box/city or town, state, and zip code)  |         | 5. WORK PHONE #  |  |
|  |         | 6. HOME PHONE #  |  |
|  |         | 7. CELL PHONE #  |  |
| 8a. WORK E-MAIL:   |         | 8b. PERSONAL E-MAIL:   |  |
| 9a. COURSE CATALOG #, CODE, TITLE, OR PROGRAM:<br>F0729 -- Incident Safety Officer   |         | 9b. TRAINING LOCATION (N/A for Distance Learning)<br>Fond du Lac, WI |  |
| 9c. DATES REQUESTED (Please give 3 choices)  |         | 9d. TRAINING COMPONENT OR PROVIDER ID                                |  |
| 1 02/18-19/2023  | 2 _____ | 3 _____  |  |
| 9e. TRAINING DELIVERY TYPE: <input type="radio"/> Resident <input type="radio"/> Non-Resident <input type="radio"/> Indirect <input type="radio"/> Distance Learning <input type="radio"/> Conference/Symposium      |         |  |  |
| 9f. AIRPORT OF DEPARTURE OR POV (CDP USE ONLY) _____   |         |  |  |
| 10. ATTACH PREREQUISITE CERTIFICATES OR OFFICIAL TRANSCRIPT  |         |  |  |
| 11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="radio"/> YES <input type="radio"/> NO |         |  |  |

**SECTION 2 - EMPLOYMENT INFORMATION AND AUTHORIZATION**

|   |  |   |   |
|---|--|---|---|
| 12. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED   |  | 13a. CURRENT POSITION                     | 13b. YEARS IN POSITION                    |
| 14. CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR ORGANIZATION   |  |   |   |
| 14a. JURISDICTION   |  |   | 14b. ORGANIZATION                         |
| 1. <input type="checkbox"/> STATEWIDE/TERRITORIAL   | 4. <input type="checkbox"/> SPECIAL DISTRICT | 7. <input type="checkbox"/> INTERNATIONAL | 10. <input type="checkbox"/> DHS          |
| 2. <input type="checkbox"/> LOCAL GOVERNMENT  | 5. <input type="checkbox"/> MILITARY         | 8. <input type="checkbox"/> FEMA          | 1. <input type="checkbox"/> ALL CAREER    |
| 3. <input type="checkbox"/> FEDERAL (NON-DHS)   | 6. <input type="checkbox"/> PRIVATE SECTOR   | 9. <input type="checkbox"/> TRIBAL NATION | 2. <input type="checkbox"/> ALL VOLUNTEER |
| 15. CURRENT STATUS  |  |   | 3. <input type="checkbox"/> COMBINATION   |
| 1. <input type="checkbox"/> PAID FULL TIME  | 2. <input type="checkbox"/> PAID PART TIME   | 3. <input type="checkbox"/> VOLUNTEER     |   |
| 16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. <b>NFA ONLY:</b> Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application. |  |   |   |

## GENERAL ADMISSIONS APPLICATION

|   |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
|---|---|---|--|---------------------------------------|--|---|---|---|--|--|--|--|---|---|--|--|---|--|---|
| 17. DATE OF BIRTH   | 18. GENDER (Required for lodging)<br><input type="checkbox"/> Male <input type="checkbox"/> Female                          |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 19. RACE (Optional - Please check the one that best applies)  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE            3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN            5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER<br>2. <input type="checkbox"/> ASIAN            4. <input type="checkbox"/> WHITE   | 19a. ETHNICITY (Optional)<br><input type="checkbox"/> HISPANIC or LATINO<br><input type="checkbox"/> NOT HISPANIC or LATINO |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 20. DISCIPLINE (Check the box that best applies to your organization).  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. <input type="checkbox"/> AGRICULTURE</td> <td style="width: 50%; border: none;">10. <input type="checkbox"/> LAW ENFORCEMENT</td> </tr> <tr> <td style="border: none;">2. <input type="checkbox"/> EDUCATION</td> <td style="border: none;">11. <input type="checkbox"/> PUBLIC HEALTH</td> </tr> <tr> <td style="border: none;">3. <input type="checkbox"/> HAZARDOUS MATERIALS</td> <td style="border: none;">12. <input type="checkbox"/> PUBLIC SAFETY COMMUNICATIONS</td> </tr> <tr> <td style="border: none;">4. <input type="checkbox"/> CITIZEN/COMMUNITY VOLUNTEER</td> <td style="border: none;">13. <input type="checkbox"/> GOVERNMENTAL ADMINISTRATIVE</td> </tr> <tr> <td style="border: none;">5. <input type="checkbox"/> EMERGENCY MANAGEMENT</td> <td style="border: none;">14. <input type="checkbox"/> SECURITY AND SAFETY</td> </tr> <tr> <td style="border: none;">6. <input type="checkbox"/> FIRE SERVICE</td> <td style="border: none;">15. <input type="checkbox"/> PUBLIC WORKS</td> </tr> <tr> <td style="border: none;">7. <input type="checkbox"/> HEALTH CARE</td> <td style="border: none;">16. <input type="checkbox"/> SEARCH AND RESCUE</td> </tr> <tr> <td style="border: none;">8. <input type="checkbox"/> INFORMATION TECHNOLOGY</td> <td style="border: none;">17. <input type="checkbox"/> TRANSPORTATION</td> </tr> <tr> <td style="border: none;">9. <input type="checkbox"/> EMERGENCY MEDICAL SERVICES</td> <td style="border: none;">18. <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____</td> </tr> </table> |   | 1. <input type="checkbox"/> AGRICULTURE | 10. <input type="checkbox"/> LAW ENFORCEMENT | 2. <input type="checkbox"/> EDUCATION | 11. <input type="checkbox"/> PUBLIC HEALTH | 3. <input type="checkbox"/> HAZARDOUS MATERIALS | 12. <input type="checkbox"/> PUBLIC SAFETY COMMUNICATIONS | 4. <input type="checkbox"/> CITIZEN/COMMUNITY VOLUNTEER | 13. <input type="checkbox"/> GOVERNMENTAL ADMINISTRATIVE | 5. <input type="checkbox"/> EMERGENCY MANAGEMENT | 14. <input type="checkbox"/> SECURITY AND SAFETY | 6. <input type="checkbox"/> FIRE SERVICE | 15. <input type="checkbox"/> PUBLIC WORKS | 7. <input type="checkbox"/> HEALTH CARE | 16. <input type="checkbox"/> SEARCH AND RESCUE | 8. <input type="checkbox"/> INFORMATION TECHNOLOGY | 17. <input type="checkbox"/> TRANSPORTATION | 9. <input type="checkbox"/> EMERGENCY MEDICAL SERVICES | 18. <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ |
| 1. <input type="checkbox"/> AGRICULTURE   | 10. <input type="checkbox"/> LAW ENFORCEMENT  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 2. <input type="checkbox"/> EDUCATION   | 11. <input type="checkbox"/> PUBLIC HEALTH  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 3. <input type="checkbox"/> HAZARDOUS MATERIALS   | 12. <input type="checkbox"/> PUBLIC SAFETY COMMUNICATIONS   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 4. <input type="checkbox"/> CITIZEN/COMMUNITY VOLUNTEER   | 13. <input type="checkbox"/> GOVERNMENTAL ADMINISTRATIVE  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 5. <input type="checkbox"/> EMERGENCY MANAGEMENT  | 14. <input type="checkbox"/> SECURITY AND SAFETY  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 6. <input type="checkbox"/> FIRE SERVICE  | 15. <input type="checkbox"/> PUBLIC WORKS   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 7. <input type="checkbox"/> HEALTH CARE   | 16. <input type="checkbox"/> SEARCH AND RESCUE  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 8. <input type="checkbox"/> INFORMATION TECHNOLOGY  | 17. <input type="checkbox"/> TRANSPORTATION   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 9. <input type="checkbox"/> EMERGENCY MEDICAL SERVICES  | 18. <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| <b>SECTION 3 - ENDORSEMENT AND CERTIFICATION</b>  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate, stipend, or travel reimbursement, if applicable (18 U.S.C. 1001).  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee. Further, I understand that this information is available to all FEMA training facilities and their training partners.   |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 21c. Further, I understand that FEMA training agencies and their training partners are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.   |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 21d. I agree to abide by the rules, policies, and regulations of the FEMA training agencies and their training partners. Failure to do so will result in denial of the student stipend (if applicable), expulsion from the course, and possible barring from future courses.  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| SIGNATURE OF APPLICANT  | DATE  |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 22. APPROVAL BY SUPERVISOR OR HEAD OF SPONSORING ORGANIZATION   |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| "By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees. I have reviewed this application and certify that 1) the applicant meets all the prerequisites and qualifications to attend this course; 2) attendance will contribute to the professional development of the participant in support of this agency's emergency response mission."   |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 22a. SIGNATURE AND DATE   | 22b. PRINTED NAME AND TITLE   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 22c. EMAIL ADDRESS  | 22d. TELEPHONE NUMBER   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 23. STATE OR REGIONAL APPROVAL (If Required)  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 23a. SIGNATURE AND DATE   | 23b. PRINTED NAME AND TITLE   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 23c. EMAIL ADDRESS  | 23d. TELEPHONE NUMBER   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| 24. TRAINING COMPONENT DISPOSITION<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED   | SIGNATURE OF REVIEWER   | DATE                                    |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| <b>EQUAL OPPORTUNITY STATEMENT</b>  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |
| FEMA and their training partners are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures.  |   |   |  |                                       |  |   |   |   |  |  |  |  |   |   |  |  |   |  |   |