



Application for Certification

MAIL APPLICATION TO: Bill Fahlsing, Stark County DES, 66 Museum Drive W, Dickinson, ND 58601

Name (Last, First, MI): _____

Title: _____

Mailing Address: _____

City, State, Zip+4: _____

Phone: Work () _____ Home () _____

AFFILIATED EMERGENCY MANAGEMENT AGENCY:

Department Name _____

Mailing Address _____

City, State, Zip+4 _____

Experience State Date _____ Employee _____ Volunteer _____

CERTIFICATION FEE:

- Current ND Emergency Management Association Member
or
 \$30.00 check enclosed with application, Checks payable to: ND Emergency Management Association

DOCUMENTATION: Applicant must provide photocopies or transcripts of course certificates with this application or it will be returned until all documentation is provided.

I certify that the information on this application is correct and complete to the best of my knowledge. All attached documents are true and correct copies of the originals.

Applicant Signature

Date