



Application for Renewal of Certification
(VAlID FOR 4 YEARS)

FAX TO 701-241-5717 OR MAIL APPLICATION TO : PO BOX 488 - FARGO, ND 58107-0488

Name (Last, First - MI):
Title:
Mailing Address:
City, State and Zip+4:
Phone: Home () Office ()

LIST THE EMERGENCY MANAGEMENT AGENCY YOU WORK WITH BELOW:

All three boxes must be checked to meet renewal requirements

- I am a current ND Emergency Management Association Member or I have attached the \$30.00 renewal fee.
Within the last four years, I have held or participated in a functional or full-scale exercise, or a State-declared or presidential disaster. Type of Exercise:
Within the last four years, I have participated in 20 minimum CEUs of Classroom Emergency Management Agency sponsored courses or seminars. Please attach a copy of certificate received if available.

TIMELINE:

Renewal applications will be mailed to current certification holders by the certification committee. You will then have 90 days to complete and return the renewal application. Failure to submit within the 90-day period will result in suspension of the certification. An individual will cease to be certified if their certification remains suspended for 1 year.

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.

Signature of Applicant

Date