



**APPLICATION FOR CERTIFICATION  
RENEWAL**

**(VALID FOR 4 YEARS)**

**MAIL APPLICATION & SUPPORTING DOCUMENTATION TO:**

**SARAH VANDELDELDE 205 6<sup>TH</sup> STREET SE JAMESTOWN ND 58401**

**OR SUBMIT VIA EMAIL TO: [NDEMASSOC@GMAIL.COM](mailto:NDEMASSOC@GMAIL.COM)**

**NAME (LAST, FIRST MI):**

\_\_\_\_\_

**TITLE:** \_\_\_\_\_

**AFFILIATED EMERGENCY MANAGEMENT AGENCY:**

\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

**CITY, STATE & ZIP:**

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ALL THREE BOXES MUST BE CHECKED TO MEET RENEWAL REQUIREMENTS:**

- I AM A CURRENT NDEMA MEMBER OR I HAVE ATTACHED THE \$30.00 MEMBERSHIP 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 (PROOF OF PARTICIPATION IS REQUIRED).
  
- I CURRENTLY HOLD A VALID LEVEL I, II OR III (FULL) LEVEL CERTIFICATION FROM NDEMA (PROVIDE COPY OF CERTIFICATE).

**RENEWAL APPLICATIONS ARE THE APPLICANT'S RESPONSIBILITY, THE BOARD AND CERTIFICATION COMMITTEE WILL UPDATE LEVEL EXPIRATION DATES ON THE WEBSITE, BUT WILL NOT BE SENDING OUT RENEWAL APPLICATIONS. RENEWALS NOT RECEIVED WITHIN 90 DAYS OF EXPIRATION 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 INCLUDED DOCUMENTS ARE TRUE AND CORRECT COPIES OF ORIGINALS**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_