



APPLICATION FOR CERTIFICATION RENEWAL

(VALID FOR 4 YEARS)

AIL APPLICATION & SUPPORTING DOCUMENTATION TO:

KARLA GERMANN, NDEMA SECT/TREAS. 104 1ST ST NW, Suite 5

BOWMAN, ND 58623

OR SUBMIT VIA EMAIL TO: NDEMASSOC@GMAIL.COM

NAME (LAST, FORST 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 SUBMITTED THE MEMBERSHIP FEE AND FORM.
- 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 REQUIRED).
- I CURRENTLY HOLD A VALID LEVEL I, II, OR III (FULL) CERTIFICATION FROM NDEMA (COPY ATTACHED).

RENEWAL APPLICATIONS ARE THE APPLICANT'S RESPONSIBILITY, THE BOARD AND CERTIFICATION COMMITTEE WILL UPDATE EXPIRATION DATES ON THE WEBSITE BUT WILL NOT SEND RENEWAL APPLICATIONS OR REMINDERS. RENEWALS NOT RECEIVED WITHIN 91 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** _____