STRIKE-TEAM RESPONSE
SONOMA COUNTY OVERHEAD
APPLICATION to PARTICIPATE

NAME:

AGENCY: AGENCY FIRE CHIEF:

CONTACT NUMBERS: HOME: CELL:

WORK: PAGER:

LAST STL REFRESHER CLASS:

LAST QUALIFYING ASSIGNMENT (incident name/date):

QUALIFIED DISCIPLINES:        
☐ STL ☐ STL-T ☐ TFL ☐ DGS ☐ DGS-T
☐ FOBS ☐ LSO ☐ SOF-2 ☐ Other______________

Please check all training courses you have completed. (Note: Bold course numbers indicate required courses for strike team leaders.) Copies of each certification shall be included in your packet as outlined in appendix “D” of the “Sonoma County’s Strike Team Leader Standard Operating Guideline”

Note: If you are submitting for a discipline under “other” that requires certifications that are not listed above, you must research and provide those with this application.

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* CSFM Management 1 Equivalent
** CSFM Command 1C Equivalent

With my signature below I certify that I have read and understand the Sonoma County Fire Chiefs Association Strike Team Leader policy and that I meet the requirements set forth.

_____________________________  ______________
Applicant’s Signature     Date

With my signature below I certify that I have read and understand the Sonoma County Fire Chiefs Association Strike Team Leader policy and that the applicant named above meets the requirements set forth.

_____________________________  ______________
Fire Chief’s Signature    Date

2012 Requirement Update (2/11)