



***STRIKE-TEAM RESPONSE  
SONOMA COUNTY OVERHEAD  
PARTICIPATION / RENEWAL REQUEST***

Name: *(First, last)*

Agency I. D. *(Ex. PTL)*:

Agency Fire Chief:

Contact Information: Home:

Work:

Cell:

Email:

Last STL / Overhead Refresher Training:

Last Qualifying Assignment: *(incident name/date)*:

Qualified Disciplines: *(Ex. STEN, STEN(T) etc.)*

***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

***Please send your completed forms to the CICC'S Chairperson via Email  
Jack Thomas [JThomas@srcity.org](mailto:JThomas@srcity.org)***