TYPE 3 INCIDENT MANAGEMENT TEAM ROSTER

Region _____ **Contact** _____ **Phone** _____

If a Region has more than one Type 3 IMT available, submit a separate roster for each team. Use more than one page if needed. Single Resources not assigned to the IMT will need to submit this application for consideration as an alternate or trainee.

Team Name				**Local Governing Board Review**		
Name	*Agency*	*Position(s)*	*Highest Level Certified*	*Approve*	*Reject*	*Comments*

The home agency/local governing board is responsible for maintaining qualifications, training and experience records. Refer to Section 10 of the Washington State Fire Services Resource Mobilization Plan for Type 3 IMT requirements.

Email completed form to: FPBMobilizationSec@wsp.wa.gov

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