



Texas Telecommunicator Emergency Response Taskforce

TX-TERT

Member Application

Last Name: _____ First Name: _____

Title/Position: _____

Job Function:

Agency/Company:

Address:

City, State, Zip Code, County

PID Number (if applicable): _____ Personal Phone: _____

Email Address (please provide both - personal and work):

Member Profile

Year/Date

| | |
|---|--|
| 2 Years' Experience as a Public Safety Telecommunicator | |
| Agency background check (DOLCEE form or equivalent) | |
| Required License or Certification | |
| NIMS 100, 200, and 700 (for TERT Basic Awareness) | |
| TERT Basic Awareness Course | |
| TERT Team Leader Course (if applicable) | |
| NIMS 100, 200, 700, and 800 (for TERT Team Leader) | |

Include a letter of recommendation from a supervisor

"I certify I have met the minimum qualifications required to become a TX-TERT member."

Signature of Applicant: _____ Date: _____

Member Recommendation

To be completed by a Supervisor, Manager, or Administrator

Supervisor name: _____

Work Phone: _____

Email address: _____

The above applicant has completed the following requirements:

| | (Initial) |
|---|-----------|
| 2 Years' Experience as a Public Safety Telecommunicator | |
| Agency background check (DOLCEE form or equivalent) | |
| Required License or Certification | |
| NIMS 100, 200, and 700 (for TERT Basic Awareness) | |
| TERT Basic Awareness Course | |
| TERT Team Leader Course (if applicable) | |
| NIMS 100, 200, 700, and 800 (for TERT Team Leader) | |
| Letter of Recommendation | |

Signature of Supervisor: _____ Date: _____

Applications can be mailed or emailed.

Mail:

North Central Texas Emergency
Communications District
Attn: Jason Smith
616 Six Flags Drive
Arlington, TX 76011

Email:

Jason Smith
jsmith@nct911.org

*If an applicant changes employment, the member will need to re-apply as a TX-TERT member and will be required to complete a new application.

*******Do Not Write Below This Line – For TX TERT Use Only*******

Select One:

APPROVED

DISAPPROVED

_____ Date: _____
TX TERT Regional Coordinator Signature

_____ Date: _____
TX TERT State Coordinator Signature

Notes: