



Texas Telecommunicator Emergency  
Response Taskforce

TX-TERT

**Member Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Job Function:

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Agency/Company:

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Address:

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City, State, Zip Code, County

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Work Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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:

Email:

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

Jason Smith  
[jsmith@nct911.org](mailto: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: