



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

Personal Phone: _____ Work Phone: _____

Personal 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

*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: