



Illinois All-Hazards Information & Communications Technology Branch Agency Certification

Name _____
First Name Middle Name (If applicable) Last Name

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Position for which you are applying for Certification _____

Rank and/or Working Title _____

Agency Certification

I certify that the individual named above has met all requirements for Certification in the All-Hazards Information & Communications Branch position specified, and that such Certification has been issued.

Certifying Official's Signature _____ Date _____

Print Official's Name _____ Title _____

Phone Number _____ Email Address _____

Agency Name _____

Agency Address _____

Agency City _____ State _____ Zip Code _____

Removal of Agency Certification

Please remove our Agency's Certification of the individual named above from the record.

Authorizing Official's Signature _____ Date _____

Print Official's Name _____ Title _____

Phone Number _____ Email Address _____

Agency Name _____

Agency Address _____

Agency City _____ State _____ Zip Code _____

Submission of Materials

Email: ema.swic@illinois.gov

Mail: Office of the SWIC, IEEMA-OHS, 4800 Rodger St., Springfield, IL 62703

For SWIC Office Use:

Received By _____ Title _____ Date _____