



Illinois All-Hazards Information & Communications Technology Branch Certification Submission Checklist

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 Name _____	24/7 Phone Number _____	
Agency Address _____		
Agency City _____	State _____	Zip Code _____
Agency Contact Name _____	Title _____	
Contact Phone Number _____	Email Address _____	

- ☐ All-hazards course training completed, see table on page 10 for requirements (attach copies of certificates of completion or training record):
- ☐ ICS-100
 - ☐ ICS-200
 - ☐ ICS-700
 - ☐ ICS-800
 - ☐ ICS-300
 - ☐ ICS-400
 - ☐ ICS-144
 - ☐ G-0191
 - ☐ ICS-2200
 - ☐ G/K-2300
- ☐ Copy of certificate of completion from all-hazards position training course
- ☐ Legible all-hazards position taskbook, including the following completed elements:
- ☐ All numbered tasks initialed by appropriate approval authorities
 - ☐ Contact information provided for each evaluator at the end of the taskbook
 - ☐ Final Evaluator's Verification
 - ☐ Illinois Agency Certification

Applicant Signature _____ Date _____

For SWIC Office Use:

Received By _____ Title _____ Date _____