



Homeland Security and Emergency Management Regional Review Committee Service Application

*This form can be made available in alternate formats, such as large print
All information on this form is available to the public upon request*

Name	<input type="text"/>	Daytime Phone	<input type="text"/>
*Address	<input type="text"/>	Evening Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
E-mail	<input type="text"/>		
County	<input type="text"/>	HSEM Region	<input type="text"/>
Committee Role	<input type="text"/>		

*** Must be the applicant's permanent residence address within the HSEM region.**

Statement of Qualification and Interest

Provide detailed information regarding your background, qualifications, and interest in serving on a regional review committee. If applicable, include the NIMS discipline in which you are actively employed; name of employer; and current certifications, licensure, or accreditation required to perform your primary job duties. Additional documentation may be submitted.

By signing or submitting this application electronically, I swear that, to the best of my knowledge, the above information is correct and I satisfy all legally prescribed qualifications for appointment to a regional review committee.

Submit your application by e-mail, U.S. mail, fax, or in person:

Applicant's Signature

Date

Minnesota Department of Public Safety
Homeland Security and Emergency Management
Attn: RRC Application
445 Minnesota Street, Suite 223
Saint Paul, MN 55101-6223
E-mail: dps.hsem@state.mn.us
Fax: 651.296.0459
Phone: 651-201-7400

You will be notified only if HSEM requests an interview.