

**Elected/Appointed Officials  
Notification of Intent  
Certificate Program**

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**Elected/Appointed Official:**

Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

County/City/Tribe you are representing: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

*“By signing below, I am notifying HSEM of my desire to complete the curriculum associated with the Elected/Appointed Local and Tribal Government Officials Certificate offered through the Department of Public Safety, Homeland Security and Emergency Management Division.”*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please complete the above information, sign, and send to [HSEM.Training@state.mn.us](mailto:HSEM.Training@state.mn.us). Please let HSEM know if we can be of further assistance to you as you complete the curriculum.*

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**For HSEM Use Only:**

Date Form Received by HSEM: \_\_\_\_\_

Date HSEM informs the Regional Program Coordinator: \_\_\_\_\_

HSEM Staff Name (print): \_\_\_\_\_

HSEM Staff Verification Signature: \_\_\_\_\_