



Colorado Incident Management Position Certification Recertification Application Submission Instructions

To submit an IMT Position Certification Application please follow the below steps:

1. Complete the IMT Position Certification Application for your certification scenario. Ensure the application is complete and all requested information is included in the application packet. **Please do not include any extraneous documentation**; it creates confusion and slows the process down. Additional documentation will be requested, if needed.

Your application should be in a single PDF file or meticulously organized file share folder. In either case, **please make sure all pages are right side up**. If you use a fileshare, you can use your own platform or you may request a file share by emailing COIMT_Position_Application@state.co.us. A file share can also be used/requested for a single PDF that is too large to email. If the state provides the file share, it will be Google Drive based and you and your reviewer(s) will need a Google account of some sort. We will grant your reviewer(s) access too.

2. If you are on an IMT, **submit your application to your team coordinator for review**. It must be fully reviewed, approved, and signed by a team coordinator or training officer.

If you are not on an IMT, submit your application to your agency's executive or training official for review. It must be fully reviewed, approved, and signed by this official.

3. Your application reviewer should submit a single page PDF containing the application and all supporting documentation to COIMT_Position_Application@state.co.us or if you used a file share, please have your reviewer state in the email that your application is ready for submission and provide the file share link.
4. DHSEM Incident Management Unit Staff will respond that your application has been received within five business days. If you used a file share provided by the state, you will lose access at this point. If you use your own file share platform, we will copy the data from it to the state system.

If you use a file share, files must be named/organized similar to the following example:

{Applicant's Last Name} SOF3 - 01 - Application - signed
{Applicant's Last Name} SOF3 - 02 - {Copy of Previous Position Certificate}
{Applicant's Last Name} SOF3 - 03 - {Incident 1 Name} ICS-225
{Applicant's Last Name} SOF3 - 04 - {Incident 2 Name} ICS-225 ...



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Notice about lapse in certification: Individuals are responsible for tracking their certification expiration date. They must submit their recertification in the calendar quarter before their certificate's expiration date, or sooner. Failure to submit for certification before the expiration will result in a lapse of certification.

Section I: Applicant Contact Information

Colorado Position Applying For: _____

Other Colorado Positions that Should be Recertified by the Position Listed Above:

Applicant Name: _____

Sponsor Agency or Employer: _____
(Not team affiliation)

Mobile Phone Number: _____ Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Section II: Incident Management Team Affiliation

Current IMT Affiliation (if applicable): _____

Team Coordinator(s) or Verifying Official*: _____

*A Team Coordinator or Training Officer. If not on a team, then an agency executive or training official.

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Section III: Applicant Qualification Review Checklist

Recertification Requirements

1. Since the last certification was issued, perform in the position being recertified (or a position that maintains that position's currency) on at least **one qualified incident, event, or exercise**. Qualifying incidents, events and exercises must meet the attributes of the current Colorado adopted AHIMTA Interstate Incident Management Qualification System (IIMQS) standard. See Table 3 in the Colorado Incident Management Certification Administration Plan.
2. From January 2024 and on, complete two hours of incident management related refresher training a year.

If certification expired more than six months ago, additional experience/documentation may be required for reinstatement.

Application and Expiring Certificate(s)

- Application (This document)
- Copy of the most recent position certificate(s) for which recertification is being sought.

Incident, Event, or Exercise Evaluations and Record

- ICS-225 or ICS-226 for each qualifying event (incident, planned event or exercise, per IIMQS). **All sections** must be complete and signed.

In lieu of an ICS-225 or 226, include the Incident Action Plan cover page and ICS-203, plus supporting forms with the applicant shown in the position they are seeking. OR, if not listed in the ICS-203, include relevant documents such as a Crew Time Record (CTR), time sheets, or other documents that show participation, position, and dates served.

Incident Commander Only: If an ICS-225 or 226 is not provided, include a letter from an Agency Administrator summarizing the event, time period worked, and performance provided and/or an Incident Management Team Performance Evaluation with the event name and duration.

Record of Qualifying Incidents, Events, or Exercises (Only one is required)

Event Name	Event Kind	Event Type	Position	Dates Engaged

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Section IV: Signatures and Submission Information

Signature of Applicant

I verify that my application and associated documents are organized and complete. They have been reviewed and meet all Colorado Position Qualification Requirements as stated in the Colorado adopted AHIMTA Interstate Incident Management Qualification System Guide. I also verify that I have completed at least two hours of incident management related refresher training each year since January 2024.

APPLICANT SIGNATURE

DATE

Signature of Verifying Official

I verify that I have reviewed this application and associated documentation. It is complete and meets all Colorado Position Qualification Requirements, as stated in the Colorado adopted AHIMTA Interstate Incident Management Qualification System Guide. I also verify that the applicant has completed at least two hours of incident management related refresher training each year since January 2024.

VERIFYING OFFICIAL NAME AND TITLE*

SIGNATURE

DATE

*A Team Coordinator or Training Officer. If not on a team, then an agency executive or training official.

Submission Instructions

1. Applications must be submitted by the first of the month in which a State Qualification Review Committee (SQRC) meeting is occurring, or other deadline, whichever is later.
2. Candidates shall submit their complete application (which includes supporting documentation), to their IMT Coordinator or verifying official.
3. The IMT Coordinator or verifying official is responsible for conducting the final review for accuracy, quality, and completeness; and ensures that the application meets all requirements. The Coordinator's signature certifies that the above review is complete and that they endorse the candidate for qualification.
4. The IMT Coordinator or verifying official should email the completed submission to COIMT_Position_Application@state.co.us. Within five (5) business days of receipt, the candidate will be notified via email that their application has been received and will be distributed to the SQRC for their next session.