CALIFORNIA INCIDENT COMMAND CERTIFICATION SYSTEM

Peer Review Application

INSTRUCTIONS

- Applicant shall meet the California Incident Command Certification System (CICCS) requirements that were in effect when the position task book (PTB) was initiated.

- The first section is a letter from the chief/administrator from the sponsoring department/agency that indicates that they approve both the individual and position being applied for.

- The second section is the general personal information about the individual submitting the application. The application needs to be signed by the individual as well as the sponsoring department/agency individual verifying that all of the information in the application is accurate and verified.

- The third section is a list of the incidents that the applicant has gained experience from. This list should be in chronological order with the oldest incident listed at the top of the page.

- The fourth section is a list of the completed classes list. This list should be in order by class number with the lowest class number at the top of the page.

- In addition to the completed CICCS application, the following information will be required to be submitted with the application:

  o A complete copy of the position task book (PTB).

  o A copy of all Performance Evaluations (ICS form 225) for the position being applied for. The incident where the qualification was recommended by the trainer is required to have a performance evaluation submitted.

  o Copies of lower level CICCS certificates that demonstrate the "required experience" component from the "Positions Guide" of this document.

  o Copies of all course completion certificates will need to be provided for all of the courses listed as required training in the "Positions Guide" portion of this document.

SEPARATE APPLICATIONS MUST BE SUBMITTED FOR EACH POSITION
FOR WHICH AN APPLICANT DESIRES TO APPLY.

APPLICANTS SHOULD REFER TO THE COMMITTEE POSITION REVIEW
RESPONSIBILITIES SECTION OF THE CICCS QUALIFICATION GUIDE TO DETERMINE
WHICH COMMITTEE THE APPLICATION SHOULD BE SUBMITTED TO.

CALIFORNIA INCIDENT COMMAND CERTIFICATION SYSTEM

Peer Review Application

REFER QUESTIONS TO:
CICCS Task Force c/o Cal OES Fire and Rescue Division, CICCS Deputy Chief,
3650 Schriever Avenue, Mather, CA, 95655

APPLICATION FORM

APPLICATION POSITION:

Note: Separate applications must be submitted for each position.

NAME:	
RANK AND WORKING TITLE:	
AGENCY:	
OPERATIONAL AREA AND REGION:	
ADDRESS:	
PHONE NUMBER:	
E-MAIL ADDRESS:	
STATE FIRE TRAINING ID NUMBER:	
APPLICANT'S SIGNATURE	DATE

I verify that the applicant meets all the certification and qualification requirements, as outlined in the applicable California Incident Command Certification System (CICCS) Qualifications Guide. The applicable guide is defined as the guide that was in effect at the time that the position task book was initiated.

VERIFYING OFFICIAL NAME AND TITLE	
VERIFYING OFFICIAL SIGNATURE	DATE

CALIFORNIA INCIDENT COMMAND CERTIFICATION SYSTEM

Peer Review Application

EXPERIENCE

RECORD OF EXPERIENCE FOR THE POSITION

Aviation and Dispatch Positions – 3 Years

All other positions - 5 Years

Incident Name	Location	Year	Position	Incident Complexity	Operational Periods

CALIFORNIA INCIDENT COMMAND CERTIFICATION SYSTEM

Peer Review Application

TRAINING

RECORD OF TRAINING COURSES FOR THE POSITION

List courses in numerical order

Training Course	Location	Date of Completion