



Resource Ordering Status System
ICS Position Qualifications System Form
For Local Government

Department: _____

- New Entry
- Update Contact Information
- Update Qualifications
- Other: _____
- Department Transfers TO or FROM: _____
- Remove From ROSS

Last Name, First: _____

Cell Phone #: _____ Provider: _____

E-mail Address: _____ Date: _____

Step 1 – Request to be Certified as:

ICS Position(s): _____

- Trainee (T) _____
- Qualified (Q) _____
- Remove Qualification(s) _____

Step 2 – Signature(s) review of documentation for approval of entry into ROSS

See list reverse side of this document Department/Agency)

Department Fire Chief

Signature: _____

Name
(printed): _____

NOT NEEDED FOR Department/Agency CERTIFICATIONS

See list reverse side of this document CICCS Operational Area Peer Review Committee

CICCS Committee Chair Person

Signature: _____

Name
(printed): _____

Return to SLU Training Bureau Training Officer
880 Manzanita, Los Osos CA 93402

Step 3 – SLU Training Officer Received and Reviewed

Date: _____

Signature: _____

Name
(printed): _____

Step 4 – SLU Training Officer ensures appropriate ROSS updates completed by ECC

Entered to ROSS:

Date: _____

Signature: _____

Name
(printed): _____