



STATE OF ALASKA
 Department of Environmental Conservation
 Division of Spill Prevention & Response
 P.O. Box 111800
 Juneau, AK 99811-1800
<http://dec.alaska.gov/>



STREAMLINED OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN

Identified Personnel Statement of Qualifications

18 AAC 75.532 and 562 require a registered Streamlined Plan Incident Management Team (IMT) to identify specific team members as eligible for command and section chief positions. These “identified personnel” must meet or exceed the requirements of 18 AAC 75.562 for each classification for which the application is made. This statement of qualifications provides the Department of Environmental Conservation (department) information necessary to determine whether the IMT meets the minimum registration standards. A completed form must be on file with the department for each IMT member considered to be “identified personnel” for registration purposes.

Please complete all sections. This form must be signed by the person it describes.

1	IMT (Company Name)				
	Date of Application				
2	Name of Qualified Individual				
	Email Address				
	Mailing Address				
	24-hr Telephone Number (Emergency Contact)				
Designated eligible to serve as: <i>check all that apply</i>					
<input type="checkbox"/> Incident Commander		<input type="checkbox"/> Deputy Incident Commander		<input type="checkbox"/> Operations Section Chief	
<input type="checkbox"/> Planning Section Chief		<input type="checkbox"/> Logistics Section Chief		<input type="checkbox"/> Finance Section Chief	
3	Training: <i>if substituting experience for training, list it in the Experience section and note the training it replaces.</i>				
<u>Incident Command System:</u> <i>Check all that apply</i>					
		Introduction	Basic	Intermediate	Advanced
	ICS training completed (NIMS equivalent):	<input type="checkbox"/> (100)	<input type="checkbox"/> (200)	<input type="checkbox"/> (300)	<input type="checkbox"/> (400)
	<i>or</i>				
	Experience equivalent to ICS training:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>HAZWOPER:</u>					
	Current certification level:	<input type="checkbox"/> 24-hour	<input type="checkbox"/> 40-hour	Date of most recent refresher:	
	<i>or</i>				
	Experience equivalent to certification:	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor training or experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4	Experience: <i>List any job or response work relevant to your IMT position(s) which describes previous oil spill response activities; list experience in lieu of training; attach extra sheets if necessary.</i>		
	Employer or Incident Name; Location	Position(s) Held	Dates Worked

Proof of training listed on this form must be maintained for 3 years and made available to the department upon request.

By signing below, I certify that:

- (a) I am familiar with the Alaska Regional Contingency Plan, Area Contingency Plans, and with the Streamlined Plans which I may provide Incident Management services;
- (b) I have a working knowledge of response organizations and capabilities in the state of Alaska, including marine salvage, firefighting, wildlife rescue, and related logistical support capabilities; and
- (c) I have examined this form and find it to be true and complete to the best of my knowledge.

Name (First, Last)

Title

Signature

Date

Please submit your Statement of Qualifications by email to: dec.streamlinedcontractor@alaska.gov.