

Certification of Completion of National Incident Management System (NIMS) Training

Name of Municipality: _____

Name and Title of Chief Municipal Officer
(Please print): _____

Address: _____

Telephone: _____ Email: _____

I certify that all ten first responder disciplines per Homeland Security Presidential Directive #8 are compliant with the required National Incident Management System training as explained by the Department of Homeland Security. *(HSPD-8 requires the following first responder disciplines to be NIMS compliant: law enforcement, fire service, emergency management, public works, government administrative, public health, healthcare, emergency medical services, hazardous materials, communications.)*

Signature of CMO: _____

Date: _____

Please sign and return this certification (by mail or fax) by June 30th, 2007 to:

**SRPEDD
88 Broadway
Taunton, MA 02780
Fax: 508-823-1803**