Expanded Dispatch Supervisory Dispatcher Qualified(EDSP Qualified)

Name:	Home Agency:
Requesting review by the Qualification Committee on:(DATE)	
	(DATE)
SUBMIT THE FOLLOWING DOCUMENTA	<u>iTION:</u>
Training Certificates:	
☐ ICS-300 Intermediate ICS for Expandi☐ IS-800 NRF: An Introduction	ng Incidents
Fire Experience:	
☐ Fire Experience Logs to show current	fire experience
Position Task Book: Completion and Ce	rtification of the EDSP Task Book
 □ EDSP Cover Sheet □ Final Evaluator/ Agency Certification Page (both signatures required) □ Submit all task book evaluations 	
☐ Upload the required documents in IQS o	r send by email to: <u>AzRedCards@dffm.az.gov</u>