



Tennessee Special Operations Response Team Swiftwater/Flood Rescue Team

Application for Swiftwater/Flood Rescue Team Credentialing

Instructions

Teams wishing to become credentialed through the Tennessee Special Operations Response Program as a Swiftwater/Flood team must complete this application and submit it to through your county EMA to TEMA for committee consideration. You will be contacted to schedule a site visit within forty-five (45) days. All records and equipment required for verification must be present at one location for the site visit. A completed self-evaluation must be attached to this application.

Applicant Information

Date of Application:			
Organization Name:			
Mailing Address City/State/Zip:			
Primary Contact:		Phone:	
Email Address:		Phone:	
County			

Verification Site Visit

Level of Verification Requested	Type 1	Type 2	Type 3
Location/Address of Site Visit: * Include Street Address, City, State, Zip code *Note: All equipment, SOG's, inventory, maintenance, and training records must be brought to this single location for the site visit and verification.			
Inspection Day/Time: Site visits are normally scheduled on weekdays during daytime hours, please note if this will not work for your location.			
		Start time:	

I verify that the above information and all attachments are correct to the best of my knowledge. I agree to notify TEMA in writing within thirty days if a change in equipment, personnel or capability occurs which would affect the team typing level of our organization. I also understand that falsification of information in this application or misrepresentation of information in the site visit may be grounds for denial or revocation of team credentialing.

Applicants Signature:		Date:	
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For Committee Use Only:

Date Application Received:			
Site Visit Evaluators Assigned:			
Confirmation Letter/email sent:	Letter	Email	Sent to:
Date of Site Visit:			

For Committee Use Only:

Site Visit Report By:

**Date
Assigned:**

Deficiencies Noted:

Date to Correct Deficiencies:

Verified On:

Report attached as to how deficiencies were corrected.

Recommendation of Site Visit Evaluators:

Approve as Type _____ Disapprove Application

Evaluators Signature:

Date:

Evaluators Signature:

Date:

Evaluators Signature:

Date:

Decision of TN-SORT:

Approve as Type _____ Disapprove Application

Date:

Submit Application package to:

Your local (county) EMA office. The package will then be forwarded to TEMA for review and scheduling.