

EMERGENCY MANAGEMENT COUNCIL AGENCY APPOINTMENT FORM

Each agency assigned to the Emergency Management Council should assign individuals to the Council and for each Disaster District Committee. There should be 4 representatives assigned for each location.

Emergency Management Council Disaster District # (Identify which group they are being assigned to.)	
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Name:						
Title:						
Address:						
Office Telephone #:						
Cellular Telephone #:						
Home Telephone #:						
E-Mail Address:						
Training Attended (Place X in column to show training received.)						
ICS 100	ICS 200	ICS 300	ICS 400	ICS 700	ICS 800	

Please mail to:
*Texas Department of Public Safety
 Texas Division of Emergency Management
 State Operations Center
 PO Box # 4087
 Austin, TX 78773-0001*

Or by E-Mail at:
soc@dps.texas.gov

Or by Fax at:
 512-424-7160