

## **Certified Emergency Services Commissioner Application**



| Name:                                    |   |
|--|---|
| Affiliation: District, Dept. or Firm:    |   |
| Address:                                 |   |
| City/State/Zip:                          |   |
| Phone:                                   | Email:  |
| I have completed the requirements below: |   |
|  | Completion of at least two years as an ESD commissioner.  |
|  | Be a member of SAFE-D at the time of application and during the time the 25 hours of training outlined below are completed.   |
|  | Be current on the required minimum training hours as specified in Chapter 775.0365 of the Texas Health & Safety Code.   |
|  | Attendance at a minimum of one SAFE-D Annual Conference during the preceding two years of service as an ESD commissioner. Year(s) Attended:   |
|  | Completion of a minimum of 25 hours of accredited, SAFE-D-provided ESD commissioner training including but not limited to: ESD 101 (3 hours)  |
|  | Ethics course (at least 1 hour) Strategic Planning course (at least 1 hour)   |
|  | Records Retention/Management course (at least 1 hour)   |
|  | Roberts Rules course (at least 1 hour)  |
|  | Financial Reporting course (at least 1 hour - ESD 203, ESD 205)   |
| ш  | Legislative Participation component ( LP course at conference OR participation in a LP Third Tuesday at the Capitol/Legislative Task Force Event)   |
|  | Proof of timely submission of the most recent audit report of the candidate's ESD (this can be in the form of a page from your meeting minutes, a cover page from your auditor or some other verifiable example that the audit was submitted) |
| Signature                                | e: Date:  |
|  | Please mail my certificate to the above address or indicate where you'd like your certificate to be sent:   |
| Address:                                 |   |
| City/State/Zip:                          |   |
| RETURN COMPLETED APPLICATION TO: SAFE-D  |   |

P.O. Box 676

Pflugerville, TX 78691

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