



Data Collection/Initial Entry Form



Notice of Intent to Collect Private Data for Incident Qualification Card Application Form

As an applicant for Incident Qualification carding, you are being asked to provide information that the Minnesota Government Data Practices Act classifies as private.

As an applicant for a Minnesota firefighter incident qualification card, the Minnesota Department of Natural Resources is collecting data that is classified as private data under the Minnesota Government Data Practices Act and Minnesota Statutes, section 13.43, personnel data. Private data includes personal information such home address, cell phone number, emergency contact and medical information. The private data will be used to determine your eligibility as an applicant for firefighter incident qualification card; for planning and responding to emergency situations; and for contact purposes. You are not legally required to provide this information. However, if you do not provide it, DNR may not be able to determine your eligibility as an applicant or to contact you. Your private data will be available to those: who assist with the application evaluation process; whose work duties or assignments reasonably require access including emergency personnel; as required or allowed by state or federal law or pursuant to court order; and with your written consent.

Signature: _____ Date: _____ **REQUIRED FIELD = ***

Data Collection/Initial Entry form for Fire Depts.

IQS Person/Organization		
Last Name:	First Name:	Middle Name:
<p>*FD employee ID:</p> <p>IROC Resource:</p> <p>Date of Birth: Month Day</p>	<p>*FD Job Title:</p> <p>*Employment status: (full time, seasonal, paid on call, fire fighter)</p>	<p>Fitness Level:</p> <p>Certifier:</p> <p>Effective:</p>
<p>State-NWCG: MN-MNS</p> <p>Org level 1: DPS</p> <p>Org level 2: SFM</p> <p>Org level 3: MSFCA</p> <p>Org level 4: *Region</p> <p>Org level 5: *Fire Dept. Station name:</p>	<p>*FD Station:</p> <p>Address:</p> <p>City/State/Zip</p> <p>Home Address:</p> <p>City/ State/Zip</p> <p>Government Email Address</p> <p>Personal Email Address:</p>	<p>Work phone 1:</p> <p>Work phone 2:</p> <p>Work Cell phone:</p> <p>Home phone:</p> <p>Personal Cell phone:</p>
Allergies: (Optional):	Medications (Optional):	Clothing sizes (optional):
<p>Sex:</p> <p>Height:</p> <p>Weight:</p>	Emergency Contact Information:	<p>Team/Crew:</p> <p>Jet port 1:</p> <p>Jet port 2:</p>
<p>If this person is transferring from another employer, please list their previous employers IQS/IQCS contact name, phone and email address:</p>		

Certifications - Training

*Course Number	*Course Title	*Planned Date	*Completed Date	*Instructor	*Location	*Hours	*Host Agency	*Comments

Certifications – Supervisor Designated Target Positions

*Position Job Code	*Created Date:	*Priority	*Comments

Certifications - Task Books

*Position Job Code	*Initiated Date	*Expires Date:	*Issuer	*Completed Date	*Certifier	*Certification Date	*Comments

(MIFC TRAINING OFFICE ONLY) Certifications – Qualifications

*ROSS Entry Y or N	*Qual Type (JOB,TRN,OJT)	*Qualification	*Effective Date	*Expiration Date	*Certifier	*Dispatch Level	*Position Priority	*Agency Certifier Comments

Employee Signature: _____

Date: _____

Please attach copies of all required training certificates, completed task books, WCT, FEMA ICS 100 and ICS 700 certificate of completion to this application.