California Incident Command Certification System
DEPARTMENT / AGENCY CERTIFICATION AND QUALIFICATION
2026 - XST Agency REP

Name: _____

Agency: _____ **Rank:** _____

Please check all that apply to the level of certification and qualification including date class was completed.

Agency Representative (AREP)	***Date Completed***
☐ **I-100 (Intro to ICS)**	_____
☐ **I- 200 (Basic ICS)**	_____
☐ **I-300 (Intermediate ICS)**	_____
☐ **I-400 (Advanced ICS)**	_____
☐ **IS-700 (NIMS an Introduction)**	_____
☐ **IS-800.b (National Response Framework)**	_____
☐ **G/E/L-956 (Liaison Officer Class)**	_____
☐ **RT-130 (Annual Fireline Safety Refresher)**	_____
☐ **Meets light fitness standard**	

I verify that the applicant meets all the certification and qualification requirements, as stated in the 2025 CICCS Qualifications Guide.

Fire Chief Signature: _____ **Date:** _____